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ABSTRACT

This document presents a "Quality Program Indicators Checklist" developed with the goal of program improvement in classrooms for students in Kentucky with moderate and severe handicaps. The checklist evaluates program effectiveness in six component areas: (1) integration (interaction opportunities and teacher behaviors supportive of integration and individual integrated student outcomes); (2) functional curriculum (local catalog of age-appropriate activities, parent participation, assessment, and Individualized Education Program goals); (3) systematic instructional procedures (individualized instruction, program data analysis, social behavior change programs, program management and environmental design); (4) community-based instructional programs (goal selection, frequency, implementation, and emergency procedures); (5) transdisciplinary services and integrated therapy (block scheduling, assessment, embedded related services objectives, integrated service delivery, integration of adaptations, consultation and role release, information exchange and team meetings, and implementation issues); and (6) vocational instruction and Individual Transition Plans. For each component there is a brief introduction and rationale for that model component, followed by a set of best practice indicators or measures. Each measure has a data source and criteria for exemplary implementation. The quality indicators are correlated with established Kentucky curriculum goals and with findings of the school effectiveness movement for all students. (References are provided for each component area.) (JDD)

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Kentucky Systems Change Project

Quality Program Indicators Manual for Students with Moderate and Severe Handicaps

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Melissa Hudson
1990

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KENTUCKY SYSTEMS CHANGE PROJECT FOR STUDENTS WITH SEVERE HANDICAPS

QUALITY PROGRAM INDICATORS FOR STUDENTS WITH MODERATE AND SEVERE HANDICAPS

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Melissa E. Hudson, B.S.

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JUNE 1990

Kentucky Department of Education
Office of Education for Exceptional Children

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Interdisciplinary Human Development Institute
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INTRODUCTION

to the

QUALITY PROGRAM INDICATORS

INTRODUCTION to the QUALITY PROGRAM INDICATORS

The primary intent of the Quality Program Indicators is program improvement of classrooms for students with moderate and severe handicaps. This instrument was developed initially by the Kentucky Systems Change Project to determine whether participating project classrooms were implementing "best practices", and secondarily, as a measure of the project's effectiveness in guiding participating classrooms to model status.

The Quality Program Indicators are divided into six components:

I. Integration - Daily Planned Opportunities for Interactions with Nonhandicapped Peers
II. Functional Curriculum and IEP Development
III. Systematic Instructional Procedures
IV. Community-Based Instructional Programs
V. Transdisciplinary Services and Integrated Therapy
VI. Vocational Instruction and Individual Transition Plans

Each of these components is further divided into a set of best practice indicators or measures. Each measure has a data source, which is detailed in the appropriate individual component section of the manual. The criteria for exemplary implementation for each component are also included within these sections. With this instrument, a classroom or program can reach exemplary status in one or more of the six components.

There is some overlap across the six components (i.e., best practice indicators that appear in more than one component). This overlap is intentional; it reflects the necessary interrelatedness of the six components. Moreover, the best practice indicators of one component are very often the foundation required to implement another (e.g., *Functional Curriculum and IEP Development* is a necessary foundation for *Community-Based Instructional* programs).

Who Can Use This Instrument?

The instrument can be used by *teachers* who want to evaluate their own classroom program. In doing so, classroom teachers can systematically pinpoint areas for improvement in their program and make modifications that reflect best practices for students with severe handicaps. *Special education coordinators* may find the instrument useful in determining the competencies classroom teachers need to implement best practices. This should prove useful both in hiring new personnel and in monitoring teachers' progress toward best practice implementation. *Building principals* can use the instrument as an indicator of program effectiveness for students with moderate and severe handicaps, when evaluating teacher performance, and as a guide for setting goals with teachers to improve their classroom instruction. Moreover, this instrument should give building principals a sharper focus for taking an effective instructional leadership role for the learning of students with moderate and severe disabilities in their school. *University personnel* can use the instrument as a performance guide and checklist for their interns preparing to teach students with moderate and severe handicaps. Lastly, *parents* should find the instrument useful in determining an appropriate program for their child, in monitoring their child's current program, and in making suggestions for better classroom programming to teachers, principals, and other administrators.

It is important to keep in mind that the evaluation instrument represents a set of best practices for students with moderate and severe handicaps. Because implementation of these best practices is *not* the sole responsibility of one person (e.g., the classroom teacher), these best practices *cannot always* be attained within the limitations of currently available resources or present administrative policies at the building or district level. Teachers should not be evaluated negatively for not implementing best practices that are beyond their control. For example, some districts have transportation policies that restrict the amount of community-based training and/or off-campus vocational training that a teacher can effectively provide a student; or, if a classroom is located in a segregated facility, access to age-appropriate peers across the full school day may be difficult or impossible. These are just two examples of indicators that, in addition to teacher efforts, require school and district-wide planning and support for successful implementation.

Basis for Quality Program Indicators

The Quality Program Indicators are a culmination of a thorough review of the literature and the project's own work in defining a set of program indicators that began in 1988. We have borrowed heavily from the work of Steve Maurer from the Iowa Department of Education, and Barbara Wilcox, director of the Indiana LRE Project, as well as from the Colorado Effective Education Model and the Vermont Best Practices Indicators. Thorough reviews of initial drafts of the Quality Program Indicators by the Kentucky Systems Change Project Advisory Board also led to numerous refinements and improvements.

Total Classroom Program vs. Individual Student Program Review

In using the instrument, it is important to determine the purpose of the program review. If the purpose is to reflect the effectiveness of the total classroom program, the user should select three students at random for items that require review of individual student programs. If, however, the purpose is to review programs for particular student(s), the user should, of course, select the individualized education programs, instructional programs, and daily classroom schedules for the student(s) of concern.

Relationship of Quality Program Indicators to Educational Reform and School Effectiveness

Finally, it should be noted that the Quality Program Indicators are highly correlated with the six curriculum goals established for all students by the Kentucky Education Reform Act of 1990 (Section 3). These six curriculum goals are:

1) Use basic communication and mathematics skills for purposes they will encounter throughout their lives;
2) Apply core concepts and principles from mathematics, the sciences, the arts, the humanities, social studies, and practical living studies to situations they will encounter throughout their lives;
3) Become a self-sufficient individual;
4) Become responsible members of a family, work group, or community including demonstrating effectiveness in community services;

5) Think and solve problems in school situations and in a variety of situations they will encounter in life; and
6) Connect and integrate experiences and new knowledge from all subject matter fields with what they have previously learned and build on past learning to acquire new information through various media sources.

Moreover, the Program Quality Indicators correlate highly with findings of the school effectiveness movement for all students, including:

1) time on task in direct instruction of critical skills
2) parent involvement in the development of educational goals
3) instruction that emphasizes direct applications to real life problems and preparation for the future
4) continuous measurement and evaluation of student performance
5) frequent feedback to students on their performance, with an emphasis upon direct learner involvement in all parts of instruction

Implementation of these Quality Program Indicators will enable teachers, principals, other administrators, and parents to realize these six Curriculum Goals for students with moderate and severe disabilities, and to clearly demonstrate that they are providing effective educational programs for these students.

Organization of this Manual

The first section of the manual is the *Quality Program Indicator Checklist*. The remaining sections of the manual are organized by exemplary component (one manual section for each of the six components). Each component section includes a brief introduction and rationale for that model component, and a description and data source for each of the best practice indicators under that component.

References

Colorado Department of Education (1988). *Colorado effective education model: Implementation site checklist - classroom* (Draft). Denver, CO.

Maurer, S. (July, 1989). Effective education principles. Presentation to the Kentucky Systems Change Project Principals' Integration Conference, Florence, KY.

Vermont Statewide Project (1987). *Best practice guidelines for students with intensive educational needs.* Center for Developmental Disabilities, University of Vermont, Burlington.

Wilcox, B. (1988). *Implementation planning review.* Institute for the Study of Developmental Disabilities, Indiana University, Bloomington.

QUALITY PROGRAM INDICATORS CHECKLISTS

QUALITY PROGRAM INDICATORS CHECKLIST

Harold L. Kleinert, Ed.D, Pamela D. Smith, Ed.D.,
& Melissa E. Hudson, B.S., 1990

The following checklist is a compilation of best practices in educational programming for students with moderate and severe handicaps. These best practices our divided into six model components:

I. Integration - Daily Planned Opportunities for Interactions with Nonhandicapped Peers
II. Functional Curriculum and IEP Development
III. Systematic Instructional Procedures
IV. Community-Based Instructional Programs
V. Transdisciplinary Services and Integrated Therapy
VI. Vocational Instruction and Individual Transition Plans

This checklist borrows from the work of Wilcox (1988), Maurer (1989), the Colorado Effective Education Model (1988), and the Vermont "Best Practice Guidelines for Students with Intensive Educational Needs" (1987). For each of the six model components, we have attempted to include measures that are both observable and quantifiable.

This checklist is being used in implementation classrooms in participating Systems Change districts. Presently, teachers are asked to select the first component: Integration and *one* of the other five components for implementation in their classrooms. Measures are taken at the beginning of the school year, at midyear, and at the end of the year.

There are some important limitations to these indicators. First, specific indicators do *not* always get to the issue of how well programs are actually implemented. This is especially the case for the first component: Integration, which measures opportunities for age-appropriate interactions without specifically assessing what happens in those interactions. In order to get a full picture of integration, the user would need to supplement this component with measures of the extent and quality of specific individual student interactions with nonhandicapped peers. Similarly, other components, such as Community-Based Instruction (Component IV) and Vocational Training (Component VI) include essential indicators for these components, but do not fully measure the quality of the instruction that occurs in those settings.

The project's criteria for determining *exemplary status* for participating classroom sites within each of the model components is *90% of all applicable indicators* for Components II through VI. Criteria for exemplary status in Component I, Integration, is included at the end of that component. Briefly, integration criteria include *at least **25 weekly contacts/activities** over at least **4 activities** with same age, nonhandicapped students* for each student with severe handicaps, and criterion-level point totals in four of the other five integration subcomponents. A non-handicapped same age peer is defined as a person who is + or - 2 years of the student with handicapps age who attends regular classes at least 75% of the school day.

It should be noted that this document is still in draft form, and that supplemental "best practice" indicators, especially standards addressing district-wide and administrative issues, will be added in future

revisions.

Finally, the Kentucky Systems Change project staff is indebted to the Project's Advisory Board, and in particular, to the Project Principal Investigator, Mr. Preston Lewis, for their excellent suggestions for improvement. Their thoughtful reviews of the earlier versions of this instrument have resulted in important additions and refinements.

Integration Subcomponent I: Interaction Opportunities with Nonhandicapped Peers

(ADAPTED FROM WILCOX, 1988)

Teacher: _____ School: _____

District: _____ Date: _____

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Directions: (1) Review the classroom schedule for one week for each student. Make sure to count each activity only once (i.e., mark it in only one block)

(2) All activities must include nonhandicapped peers who attend regular classes at least 75% a day and who are within + or - 2 yrs. of the student's chronological age

Student Initials / Code	# of Integrated Classes/ Periods	Lunches Scheduled with Nonhandicapped Peers	Breaks/Recess Scheduled with Nonhandicapped Peers	# of Contacts with Peer Tutors	Regular Transportation	Integrated Extra Curricular Activities	Community Based Programs with Nonhandicapped Peers	School Based Jobs with Nonhandicapped Peers	Middle/High School: Home Room	Middle/High School: Community Jobs with Nonhandicapped Peers	Total # of Weekly Contacts	IEP Objective Targets Interaction with Nonhandicappped Peers

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Subcomponent II: Teacher Behaviors Supportive of Integration and Student Outcomes

Directions: Assign point values to the following indicators through direct observation of the behavior for Component A and through teacher interview for Components B, C, D, and E.

A. TEACHER/STAFF ROLE MODELLING SUPPORTIVE OF INTEGRATION
(Exemplary Status is the attainment of 30 points)

4 = Descriptive of teacher/staff behavior all of the time.
3 = Descriptive of teacher/staff behavior most of the time.
2 = Descriptive of teacher/staff behavior some of the time.
1 = Descriptive of teacher/staff behavior none of the time.

Circle the number that best describes the behavior:

1. Classroom staff model positive attitudes toward and appropriate interactions with students with severe handicaps.
   4 3 2 1

2. Classroom staff use age-appropriate language,tone, and praise/reinforcement with all students in the class.
   4 3 2 1

3. Classroom staff verbally interact in an age-appropriate manner with all students in the class regardless of the students' expressive communication skills.
   4 3 2 1

4. Classroom staff use age-appropriate materials for instruction.
   4 3 2 2

5. Classroom staff have established friendly interpersonal relationships with nonhandicapped students and interact with these students on a daily basis.
   4 3 2 1

6. The teacher uses positive person-first language in writing reports, and in communications with other staff concerning students with disabilities.
   4 3 2 1

7. All instructional and social change programs use normalized teaching/learning procedures (acceptable to others in that environment) that are non-aversive in nature.
   4 3 2 1

8. Classroom staff do not directly discuss a student in the student's presence, unless the student him/herself is clearly a part of that conversation.
   4 3 2 1

Total points for A (Measures #1 - #8): ☐

Exemplary Status attained for A? YES NO

B. TEACHER INTEGRATION WITH REGULAR EDUCATION STAFF
(Exemplary Status is the attainment of at least 10 points)

1. (2 pts) The classroom for students with severe disabilities is located in a central, highly visible location within the school. _____

2. (1 pt. each) The teacher participates in regular supervisory duties.

   Lunch duty Bus duty Playground duty

   Hall duty

   Other _____ _____

3. The teacher participates in extracurricular responsibilities (score points as indicated).

   (1 pt) Chaperones dances/other school events

   (1 pt) Participates in regular school fund raisers

   (2 pts) Coaches a regular sport

   (2 pts) Teaches a regular home room

   (2 pts) Club Sponsor

   (2 pts) Class Sponsor

   (1 pt) Other _____ _____

4. (1 pt) The teacher takes lunch breaks and preparation periods in the same areas as regular education staff daily. _____

5. (2 pts) The teacher arranges meetings with regular education staff as necessary for ongoing integration plans and maintains ongoing (at least monthly, and more often as needed) contacts with involved faculty. _____

6. (3 pts) The teacher team-teaches with a regular education teacher on a regular (at least weekly) basis. _____

7. Regular class teachers attend student IEP conferences:
   for at least 75% of students (3 pts)
   for at least 50% of students (2 pts)
   for at least one student (1 pts) _____

Total Points for Component B (measures #1 - #7): ☐

Exemplary Status attained for B? YES NO

C. SUPPORT FOR REGULAR EDUCATION STUDENTS AND STAFF
(Exemplary Status is the attainment of all 8 points)
Score 2 points for each item:

1. The teacher of students with disabilities provides general information to regular education *staff* as to the purpose of the program, general outline of curricula areas, and the importance of integration for students with severe disabilities. _____

2. The teacher of students with disabilities provides general information to regular education *students* as to the purpose of the program, general outline of curricula areas, and the importance of integration for students with severe disabilities. _____

3. The teacher makes systematic efforts to recruit regular education students for buddies programs or peer tutoring through faculty and student announcements and/or presentations, formal peer tutoring course descriptions and information provided at school registration, etc. _____

4. The teacher of students with disabilities provides additional information to regular education staff and students who request it (including specific strategies for including students with disabilities in regular education activities, communication strategies and systems, etc.) _____

☐

Total points for C (Items #1 - #4)

Exemplary Status attained for C? YES NO

D. STRUCTURING INSCHOOL PEER TUTORING OR PALS PROGRAMS:
(Exemplary Status is the attainment of all 10 points)
Score 2 points for each item:

1. The teacher makes systematic efforts to recruit regular education students interested in becoming peer tutors, or in participating in a friends program. _____

2. The teacher provides training to these students via information about her students and modelling appropriate behaviors. _____

3. The teacher provides structure to these programs, including: specific schedules (student/activity) for peer tutors, individually assigned activities for students in friends programs. _____

4. The teacher regularly provides feedback to peer tutors/friends on the appropriateness of activities, instructional techniques and data collection where applicable, as well as providing reinforcement for peer tutors/friends for their role in the classroom. _____

5. The teacher has a formal way of recognizing students who participate in this program (special party, school newspaper article, etc.) _____

Total points for D (Measures #1 -#5): ☐

Exemplary Status attained for D? **YES** **NO**

E. INDIVIDUAL STUDENT INTEGRATION OUTCOMES:
(Exemplary Status is the attainment of at least 8 points)
Score each item as indicated:

1. (2 pts) Students with disabilities are given choices of environments, activities, and individuals in/with which to participate. _____

2. The students participate in grade-level activities, i.e., school dances, graduation, class field trips and special parties, sports events, etc. on a regular basis. _____

   (**Circle** the choice that best describes the class):
   All of the students with disabilities (4 pts)
   At least 1/2 of the students with disabilities (2 pts)
   At least one student with disabilities (1 pt)

3. Students with disabilities have developed individual friendships with regular education students characterized by regularly (at least weekly) spending time together without being asked to do so by teachers and other school staff (e.g., during lunch, free time, recesses). _____

   (**Circle** the choice that best describes the class):
   All of the students with disabilities (4 pts)
   At least 1/2 of the students with disabilities (2 pts)
   At least one student with disabilities (1 pt)

BONUS ITEM

4. Students with disabilities have developed friendships with nondisabled friends that extend beyond school hours resulting in: spending time at each other's homes, going to parties/games together, "hanging out" after school, slumber parties, etc.) _____

   (**Circle** the choice that best describes the class):
   All of the students with disabilities (4 pts)
   At least 1/2 of the students with disabilities (2 pts)
   At least one student with disabilities (1 pt)

Total points for E (Measures #1 - #3): ☐

Bonus point(s) for Measure #4: _____

Exemplary Status attained for E? **YES** **NO**

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INTEGRATION SUMMARY SHEET

Teacher_____ School_____

District_____ Date_____

Exemplary status for the Integration Component is the attainment of exemplary status in **both subcomponents I and II.**

Subcomponent I: Interaction Opportunities

Exemplary status in Subcomponent 1 is the attainment of both areas below for each student. Circle **YES** or **NO** to indicate if each area is in place.

1. Each student has at least 25 weekly opportunities for integrated interactions across at least four different activities.
   YES **NO**

2. Each student has at least one Individualized Education Plan objective that addresses interaction skills with nonhandicapped peers. **YES** **NO**

Subcomponent II: Teacher Behaviors Supportive of Integration and Student Outcomes

Exemplary status in Subcomponent II is the attainment of the required point totals for at least 4 out of 5 of the areas described below. Complete the worksheet as indicated.

		Score	Exemplary Point Total	Exemplary Status Attained?
A.	Teacher/Staff Role Modelling Supportative of Integration	_____	(30)	☐
B.	Teacher Integration with Regular Education Staff	_____	(10)	☐
C.	Support for Regular Education Students and Staff	_____	(8)	☐
D.	Structuring Inschool Peer Tutoring or PALS Programs	_____	(10)	☐
E.	Individual Student Integration Outcomes	_____	(8)	☐

Exemplary Status Attained for Supcomponents I and II? YES NO

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COMPONENT II: FUNCTIONAL CURRICULUM

Teacher_____

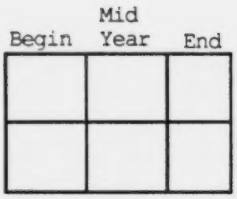
School _____

District_____

+= In Place for All Students

O= Not in Place

I= Some, But Not All Programs/Students



Local Catalog

1. The catalog is referenced to the student's local community and includes activities and settings specific to that community
2. Age-appropriate activities from the four domains are selected from the local catalog

Comments_____

_____

Parent Participation

1. A parent questionnaire or interview is used to obtain information on the student's participation and preferences
2. A parent questionnaire is used to obtain parent priorities and long-range expectations for their child

Comments_____

_____

Assessment

1. Assessment of the basic skills needed in activities is conducted in natural settings for all IEP objectives and includes a task analysis, needed adaptations, and levels of assistance
2. Assessment information is compiled and shared with appropriate support staff

Comments_____

_____

Individual Education Programs

1. Individual education program contains at least one activity-based goal for each of the four domains
2. Activity-based goals are prioritized and critical activities/goals are noted for extended school year monitoring
3. Basic skills (communication, motor, sensory, etc.) are embedded in functional, activity-based objectives

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4. Age-appropriate activities and materials are used to teach goals
5. Each objective includes: the instructional condition, measurable behaviors, criteria for mastery, setting, generalization plan
6. Behavior change objectives are written so that more appropriate behaviors are targeted
7. The annual review includes a statement of current functioning on activity goals and recommendations for further instruction

Comment on plans for home carry-over:_____

_____

Classroom and Student Schedules

1. A daily classroom schedule is displayed, including: (a) instructional groups for each activity; (b) a staff person/peer tutor assigned to each activity; and (c) the group or activity location stated.
2. All students are scheduled for each period or instructional/activity time
3. The schedule follows the lunch and school schedule used by their peers
4. Activities are scheduled at naturally occurring times
5. Students use appropriate individualized schedules to anticipate activities, i.e., symbol shelf, picture or written schedule

Comments _____

Program Management and Design

1. Students are given opportunities throughout their day to make choices
2. Equipment, surroundings, furniture, teaching materials and wall displays are attractive and age-appropriate
3. Work areas and materials are organized, neat, labeled and accessible to all students
4. Classroom organization allows for privacy during change of clothing, diapering, and toileting
5. Organization of room promotes orientation, mobility, communication, sensory stimulation and anticipation of scheduled events
6. Incidental teaching techniques are used to model verbal language and student's communication attempts are reinforced
7. The ratio of staff's positive verbal interactions with students (social and academic behavior praise) to reprimand statements is at least 4:1.

Comments_____

___/___ ___/___ ___/___ Indicators Achieved

_____% _____% _____% Indicators Achieved

COMPONENT III: SYSTEMATIC INSTRUCTION

Teacher_____

School _____

District_____

+= In Place for All Students

O= Not in Place

I= Some, But Not All Programs/Students

Begin	Mid Year	End

Instructional Programs

1. An instructional program is written for each IEP objective currently being taught
2. A task analysis is written for each activity
3. Prompting procedures are included in the program
4. Reinforcement and error correction procedures are included in the program
5. A description of individual student adaptations is included in the program
6. A generalization plan is included in the program
7. A data sheet is included in the program

Comments_____

_____

Program Data

1. Data for each program is collected a minimum of once a week
2. Data is summarized
3. Program changes are made based on data

Comments_____

_____

Student Behavior Management Programs

1. Behavior management programs are written as needed and include a schedule for teaching/differentially reinforcing appropriate behavior
2. The program includes well-defined base-line data
3. The program includes a functional analysis of the target behavior and consideration of communicative intent
4. The program describes continuous behavior change measurement
5. All behavior change programs are based on non-aversive strategies, designed to increase alternative appropriate behaviors
6. The ratio of staff's positive verbal interactions with students (social and academic behavior praise) to reprimand statements is at least 4:1.

Comments_____

_____

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Classroom and Student Schedules

1. A daily classroom schedule is displayed, including: (a) instructional groups for each activity; (b) a staff person/peer tutor assigned to each activity; and (c) the group or activity location stated.
2. All students are scheduled for each period or instructional/activity time
3. Students are given opportunities throughout their day to make choices
4. The schedule follows the lunch and school schedule used by their same-age peers
5. Activities are scheduled at naturally occurring times
6. Students use appropriate individualized schedules to anticipate activities, i.e., symbol shelf, picture or written schedule
7. The students actively participate in functional, age-appropriate activities in a variety of instructional groupings 80% of the school day (determined by examining student schedules, student data sheets, and through on-going staff observations)

Comments_____

_____

___/___ ___/___ ___/___ Indicators Achieved

_____% _____% _____% Indicators Achieved

COMPONENT IV: COMMUNITY-BASED INSTRUCTION

Teacher_____

School _____

District_____

+= In Place for All Students

O= Not in Place

I= Some, But Not All Programs/Students

Begin	Mid Year	End

Community-Based Activity/Goal Selection

1. A parent interview is used to determine parent priorities
2. A local catalog process is used to determine functional, age-appropriate instructional activities
3. Objectives for each community-based activity are included in the IEP
4. Objectives are included in the student's IEP that address mobility and travel training for students 12 and older

Comments_____

_____

Frequency of Community-Based Instruction

Age-appropriate community-based instruction occurs a minimum of: (check applicable ages)

1. ___Ages 5 through 8 - CBI once a week
2. ___Ages 9 through 12 - CBI twice a week
3. ___Ages 13-15 - CBI 5-10 hours per week
4. ___Ages 16-18 - CBI 10-15 hours per week
5. ___Ages 19 through 21-CBI 80-100% a day

Comments_____

_____

Community-Based Instruction Implementation

1. A community based instruction policies/procedures manual has been developed
2. Staff training for each specific CBI program is documented for all persons conducting CBI
3. Ecological inventory developed for all CBI programs
4. Student repertoire inventory in place for each student
5. Individual adaptations developed as needed for each student

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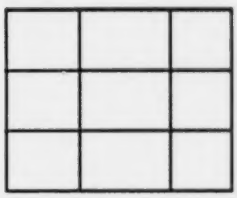
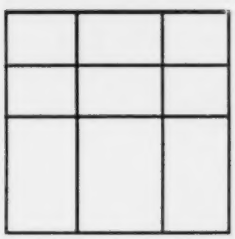


6. Community-based instruction occurs within individual or small groups (no more than three students in a small group)
7. Appropriate data is collected on all CBI programs currently being implemented
8. Vocational training for students 14 and older is regularly scheduled

Comment on plans for home carry-over:_____

_____



Emergency Community-Based Procedures

1. District/school emergency procedures are in writing
2. Staff training in emergency procedures is documented for all persons conducting CBI
3. Minimum emergency precautions are taken by individuals implementing CBI (i.e., students carry ID cards, staff carries student emergency cards and a first aid kit)

Comments_____

_____

___/___ ___/___ ___/___ Indicators Achieved

_____.% _____% _____% Indicators Achieved

COMPONENT V: TRANSDISCIPLINARY SERVICES AND INTEGRATED THERAPY

Teacher_____

School _____

District_____

+= In Place for All Students

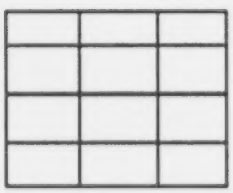
O= Not in Place

I= Some, But Not All Programs/Students

Block Scheduling (Block = 2 hours or more)

1. Appropriate related services are available to students
   Comments_____
2. PT uses block scheduling
3. OT uses block scheduling
4. S/LP uses block scheduling
5. Team members' schedules overlap monthly to allow for team problem solving

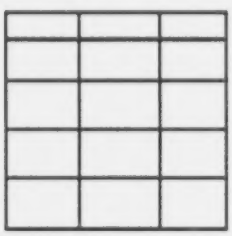
Comments:_____
_____



Assessment (Programming)

1. Assessments are planned in advance by entire team
2. PT conducts assessments in natural settings and functional activites
3. OT conducts assessments in natural settings and functional activites
4. S/LP conducts assessments in natural settings and functional activites

Comments:_____
_____



Embedded Related Services Objectives

1. IEP objectives are planned in a team meeting
2. PT objectives are embedded into activity-based goals and taught in natural settings
3. OT objectives are embedded into activity-based goals and taught in natural settings
4. S/LP objectives are embedded into activity-based goals and taught in natural settings
5. Other related services objectives and procedures are documented on the IEP

Comments:_____
_____

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Integrated Service Delivery

1. Type, extent and duration of related services are determined by IEP goals
2. Related services are provided in consultative and direct formats
3. Consultation services are provided in natural settings and focus on functional outcomes
4. Direct services are provided in natural settings and focus on functional outcomes
5. Both consultative and direct services are documented for each visit/session

Comments:_____

_____

Integration of Adaptations

Adaptations are integrated into functional contexts across activities and settings:

1. Positions (equipment), positioning, & postural control
2. Transitions: mobility & travel
3. Transitions: lift, carry & transfers
4. Handling: physical guidance & tone or sensory normalization techniques
5. Oral motor & feeding techniques
6. Environmental adaptations and accessibility
7. Assistive devices: communication
8. Assistive devices: self-care
9. Assistive devices: functional activites
10. Assistive devices: microcomputers

Comments:_____

_____

Consultation, Training & Role Release

1. Consultation is planned, documented and focuses on functional outcomes for students
2. Training and role release for special techniques and procedures are systematic and documented (TA, demo, observe, feedback)
3. Consultation and training is provided to parents/caregivers
4. Specialized medical procedures including first aid/seizures/medication are documented and staff training is documented

Comments_____

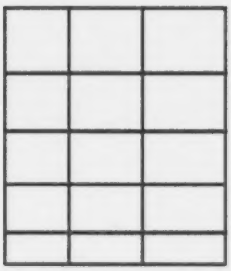
_____

Information Exchange & Team Meetings

1. System is used for on-going written communication among team members
2. Progress on basic skills/related services objectives is reviewed monthly by team members responsible for each objective
3. Progress on all IEP goals are reviewed at least annually in a team meeting prior to the IEP meeting

Comments_____

_____



Implementation Issues

1. Policy statement is developed by the team for district regarding transdisciplinary teaming and integrated therapy
2. Areas of expertise across team members are documented
3. Inservice training needs of team members are determined and obtained
4. Procedures for team communication and team meetings are developed and documented
5. Roles of team members are developed and documented

Comments_____

_____

__/__ __/__ __/__ Indicators Achieved

____% ____% ____% Indicators Achieved

COMPONENT VI: VOCATIONAL INSTRUCTION TRANSITION PLANS

Teacher_____

School _____

District_____

+= In Place for All Students

O= Not in Place

I= Some, But Not All Programs/Students

Begin	Mid Year	End

Vocational Instruction

1. Students ages 12-13: vocational instruction occurs outside classroom at least three times per week
2. Students 14-16: community-based vocational training occurs a minimum of 5 hours/week
3. Students 17-21: community-based vocational training occurs a minimum of 10 hours/week
4. Annual IEP objectives sample different job clusters

Comments_____

_____

Transition Planning

1. The last elementary/middle school IEP documents transition planning for movement to the middle/high school
2. A transition plan is developed by age 14 that identifies future vocational/community living preferences
3. IEP objectives address required skills in identified post-school settings

Comments_____

_____

Formal Transition Plan (To be developed in the last 2 years of school)

1. Parents, student, school staff, and adult agency personnel participate in planning the written transition plan
2. Vocational instruction on the student's targeted post-school job occurs before completion of school
3. A written plan is developed insuring no delay in services after graduation

Comments_____

_____

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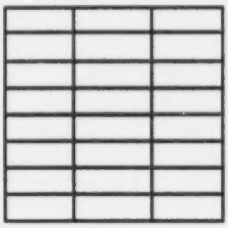

Components of Formal Transition Plan

The following student needs are addressed:

1. Vocational
2. Residential
3. Recreational/leisure
4. Transportation
5. Family and personal relationships
6. Income support and wages
7. Life planning issues (wills, trusts, guardianship)
8. Written job maintenance plan that addresses needed support, adaptations, and transportation issues

Comments_____

_____

___/___ ___/___ ___/___ Indicators Achieved

_____% _____% _____% Indicators Achieved

QUALITY PROGRAM INDICATORS

CHECKLISTS

Component I:	Integration
Component II:	Functional Curriculum
Component III:	Systematic Instruction
Component IV:	Community-Based Instruction
Component V:	Transdisciplinary Services and Integrated Therapy
Component VI:	Vocational Instruction and Transition Plans

COMPONENT I:

INTEGRATION

COMPONENT I: INTEGRATION

Integration is an "umbrella component". Without it, it is impossible to attain many other best practices in such areas as functional curriculum (age-appropriateness, embedded social and communication skills, assessment in the natural setting, etc.) and systematic instruction (generalization to natural settings, generalized responding to other students, the use of "natural" reinforcers etc.). Besides, integrated educational opportunities are a basic right (Brown vs. Board of Education, 1954) and integrated placements are the presumed best placements for *all* students unless it has been clearly documented that, even with appropriate adaptations, the student cannot function in an integrated school setting (PL 94-142).

This first component of the Quality Program Indicators is itself divided into two subcomponents: (1) *Interaction Opportunities* and (2) *Teacher Behaviors Supportive of Integration and Individual Integrated Student Outcomes.*

Integration Subcomponent I: Interaction Opportunities

The intent of this subcomponent is to measure the number of planned opportunities per week that each student in the class has for interactions with nonhandicapped, same age peers. A nonhandicapped, same age peer is a student who attends regular classes at least 75% of the school day and is within two years (+ or -) of the target student's age. The inclusion of this subcomponent is based on the fundamental assumption, overwhelmingly supported by empirical data, that planned, systematic opportunities for interaction can have dramatically positive effects on both students with severe handicaps and their nonhandicapped peers. The inclusion of **all** students in this measure is based on further evidence that planned integration can have tremendous benefits for students with even the most severe handicaps (Ford & Davern, 1989; Snell & Eichner, 1989; Stainback, Stainback, & Forest, 1989).

This component is subdivided into activities typically engaged in by both students with handicaps and their nonhandicapped peers. These activities include:

a. regular classes (e.g., large and small group academic lessons, individual work done by the entire class, home room periods),
b. other regular classes (art, music, P.E., library, etc.),
c. student freetime (breaks, recesses, lunch),
d. other school events (pep rallies, assemblies),
e. the use of regular transportation,
f. school jobs performed with nonhandicapped peers (office aide, etc.),
g. regular contacts with peer tutors through a formal peer tutor program,
h. participation in regular school extracurricular activities,
i. participation in community-based instruction with nonhandicapped peers.

It does *not* include 'side by side' programs - e.g., eating lunch in the cafeteria at the same time as everyone else, but at a separate table. It is also important to note that, in order to count integration activities for the purpose of this instrument, the activity must include nonhandicapped peers within plus or minus two years (+/- 2 yrs.) of the actual age of the student being integrated. Thus, in order to achieve meaningful integration, teachers need to look at *individual* age-appropriate interactions for their students.

The major data source for determining planned opportunities for integration is the teacher's typical weekly schedule. However, the user should also seek to determine if these opportunities are occurring as scheduled. By looking at the opportunities available for every student in the class, one can determine if those students with the most severe handicaps are also provided opportunities for interaction.

The second indicator within this subcomponent is the presence of at least one IEP objective for each student that targets specific social interaction or communication skills with nonhandicapped peers. The *Model Local Catalogs and Curriculum Process for Students with Moderate and Severe Handicaps*, (Kleinert and Hudson, Eds., 1989) available from the Kentucky Systems Change Project for Students with Severe Handicaps, includes a range of social interaction skill objectives that meet these criteria. The purpose of this indicator is to ensure that opportunities

for interactions are also viewed as important learning opportunities and as a focus of instruction. The mere physical presence of students with severe handicaps in activities with nonhandicapped peers does *not* insure that meaningful interactions will occur (in fact, they probably will not, if the teacher does not provide the structure and teaching instances for them to occur).

In order to reach exemplary status within this subcomponent, there should be *at least 25 planned opportunities* for integrated interactions *over at least four activities* for every student per week. Further, each student must have at least one short-term objective within his/her IEP that specifically targets interaction/social/communication skills with nonhandicapped same age peers.

Integration Matrix Description. Use the following descriptions for determining the number of points scored on the integration matrix:

(a) **Student Initials/Code.** Use this box to track individual students by recording their initials or assigned code.

(b) **Number of Integrated Classes/Periods.** Count the number of integrated classes/periods a student attends each week with their same age (within +/- 2 years of the student's age), nonhandicapped peers. A nonhandicapped peer is a student who attends regular classes at least 75% of their day. Classes can be academic, e.g., math, science, reading, or enrichment classes, e.g., art, music. If a student attends a large block of time (language arts) with peers, count each 20-30 minute activity within the time frame as an integration opportunity.

(c) **Lunches Scheduled with Nonhandicapped Peers.** Record the number of lunch periods a week that the student eats lunch with same age, nonhandicapped peers. In order to count this activity, the student must sit at the **same** table as same age, nonhandicapped peers and in close enough **proximity** that typical social/conversational interactions can occur. Sitting at the same table with classmates who all have handicaps cannot be counted as an integration opportunity, nor can eating at a table with several other students with handicaps and one or two students without handicaps. If students go to the lunchroom between regularly scheduled lunchtimes or go to the lunchroom early or late, an opportunity for integration can only be counted if 80% of the time is spent with same age, nonhandicapped peers (e.g., a student who needs assistance getting food goes through the lunchline 5 minutes before the regularly scheduled lunchtime, but spends the rest of the 30-minute lunch period eating with a group of same age, nonhandicapped peers).

(d) **Breaks/Recess Scheduled with Nonhandicapped Peers.** Record the number of breaks and/or recesses that a student spends a day with same age, nonhandicapped peers. Example of integration opportunities during breaks and/or recess are described: If a high school student breaks between classes with his/her nonhandicapped peers several times a day, count these breaks or class changes as one integration opportunity

per day. If a student with handicaps has recess for 15 minutes or more with same age, nonhandicapped peers, count each recess as one integration opportunity per day. But, if the students with handicaps group together on the playground separately from their same age, nonhandicapped peers, an opportunity for integration cannot be counted. If a student arrives early to school and waits with nonhandicapped peers in the lunchroom for 15-20 minutes or more before school begins, one opportunity for integration may be counted per day.

(e) **Number of In-school Integration Contacts with Peer Tutors.** The data source used to calculate the number of integration contacts with peer tutors is the teacher's peer tutor schedule. Within this schedule, the teacher should list each peer tutor's name, the times each day of the week that they work in the class, the activities they perform within each scheduled period and the students they work with during each of these specified activities. In order to count as an integration opportunity, a peer tutor must mainly work with a particular student for at least 20 minutes. For example, if a peer tutor and a student with handicaps are practicing their recreation/leisure skills by learning to play a Nintendo game for 20 minutes, one integration contact can be counted for that student per day. If a peer tutor rotates among six students once a week for one hour, it would be necessary to determine which student(s) the tutor works with most and record one opportunity for integration for every 20 minutes. No more than three individual contacts can be counted for a peer tutor in a one-hour period.

(f) **Regular Transportation.** If a student rides to and from school on a bus with nonhandicapped peers, one opportunity for integration is counted each day (maximum of 5 per week). If a student rides a regular transportation one way, one-half of an opportunity for integration is counted per day (maximum of 2.5 per week). Riding a special transportation bus with a few nonhandicapped students does not count as an opportunity for integration.

(g) **Integrated Extra-Curricular Activities.** Record the number of activities and clubs that the student is involved in either during school hours, e.g., pep club, or after school hours, e.g., boy scouts. For those activities that happen infrequently, divide the total number of times the club or activity met in one month by four, e.g., if the student attended two pep club meetings in May, count as .5 integration activities per week.

(h) **Community-Based Programs with Peer Tutors and Nonhandicapped Peers.** Record the number of programs or 20-30 minute activities a student participates in with his/her same age, nonhandicapped peers. In order to count as an integration opportunity, a peer must mainly work with a particular student for a least 20 minutes. For example, if a peer tutor works with two students in a grocery store for 45 minutes once a week, one integration opportunity may

be counted for each student. The data source for this indicator is the peer tutoring schedule.

(i) **School-Based Jobs with Nonhandicapped Peers.** Record the number of times per week a student works in a school job a week with other same age, nonhandicapped students. For example, five opportunities for integration can be counted when two students, one of whom has handicaps, fill the soft drink machine every afternoon.

For Middle and High School Students:

(j) **Home Room.** Attending a homeroom with other same age, nonhandicapped peers can be counted as one integration opportunity per day. Integration opportunities are not present if the special education room is the homeroom a student with handicaps attends.

(k) **Community Jobs With Nonhandicapped Peers.** Record the number of integration opportunities present in a week for a student working in his/her local community at a job in which same age, nonhandicapped peers are working. For example, working at a McDonald's fast food restaurant after school is a typical place where high school students work. To determine the number of opportunities for integration use the following as a guide: if the student works at least 1 up to 2 hours, count as 1 integration opportunity; if the student works at least 2 up to 4 hours, count as 2 integration opportunities; if the student works at least 4 up to 6 hours, count as 3 integration opportunities, etc. If the student takes a break or has lunch with his/her same age, nonhandicapped peers while working in the community, additional opportunities for integration can be counted.

(l) **Total Number of Weekly Contacts.** Add the total number of weekly contacts for each individual student across columns "b" through "k" and record the total.

(m) **IEP Objectives Targets Interaction with Nonhandicapped Peers.** To score a "+" in this column, each student must have at least one objective written in his/her Individualized Education Plan that targets interaction skills with nonhandicapped peers. For example, if an objective is included in the IEP that describes how the social skills of making eye contact, smiling, and responding appropriately will be practiced daily during breaks between classes when the student is "hanging out" in the hall with his/her same age, nonhandicapped peers and the objective refers specifically to interactions or opportunities for such with nonhandicapped peers, a "+" may be recorded.

Integration Subcomponent II: Teacher Behaviors Supportive of Integration and Individual Integrated Student Outcomes

The second subcomponent of integration within this instrument, *Teacher Behaviors Supportive of Integration and Individual Student Outcomes*, attempts to look at several teacher variables and activities highly correlated with quality integration. This subcomponent includes:

a) the effectiveness with which the teacher models respectful and age-appropriate interactions with her students;
b) the level of *teacher* integration within the school program;
c) support for regular students and staff;
d) structured peer interaction programs within the school;
e) individual student integration outcomes resulting from these efforts.

While these measures, of course, are not a direct assessment of the quality and frequency of actual student interactions, they represent the necessary foundation to effective integration of students with severe disabilities (for an instrument that does directly assess student interactions, the reader is referred to the *Educational Assessment of Social Interaction* by Goetz, Haring, & Anderson, 1983). Moreover, the final area within this subcomponent addresses individual student outcomes of integration efforts. Though these outcomes are never fully under the control of the teacher and other school staff, they represent "the end results" of what hopefully will occur. Several of the items in this subcomponent were adapted from a similar instrument developed by Halvorsen (1986).

A. **Teacher/Staff Role Modelling Supportive of Integration.** The first area of this subcomponent examines the teacher's and other program staff's modelling of personal "social/relationship" behaviors which enhance integration. Regular education teaching staff, administrators, and students all take their "cue" on how to relate to students with moderate and severe disabilities from observing the classroom staff's interactions with these students. This is especially true in those situations where students with severe disabilities are new to the school or are being included in regular education activities for the first time.

Subcomponent A lists eight interrelated behaviors required of the classroom teaching staff. In order to adequately evaluate this area, it is necessary to observe the teaching staff for an extended period of time (at least a school day) and to evaluate written student reports developed by the classroom staff. Any social behavioral change programs currently being implemented need to be observed as well. The evaluator should also note how the teacher/classroom staff discuss students' programs with the evaluator (how classroom staff talk about their students).

1. Classroom staff model positive attitudes toward and appropriate interactions with students with severe handicaps.

2. Classroom staff use age-appropriate language and tone, and praise/reinforcement with all students in the class.
3. Classroom staff verbally interact in an age-appropriate manner with all students in the class regardless of the students' expressive communication skills.

4. Classroom staff use age-appropriate materials for instruction.

5. Classroom staff have established friendly interpersonal relationships with nonhandicapped students and interact with these students on a daily basis.

6. The teacher uses positive person-first language in writing reports, and in communications with other staff concerning students with disabilities.

7. All instructional and social change programs use normalized teaching/learning procedures (acceptable to others in that environment) that are non-aversive in nature.

8. Classroom staff do not directly discuss students in the student's presence, unless the student him/herself is clearly a part of that conversation.

B. **Teacher Integration with Regular Education Staff.** The second area within this subcomponent addresses the extent to which teachers of students with moderate and severe handicaps are themselves integrated with the regular education teachers in typical school routines and functions, share common school and extracurricular activities and responsibilities with regular education staff, and the extent to which they include regular education staff in planning and developing integrated instructional opportunities for their students with moderate and severe handicaps. These indicators are all important in developing the perception among both regular education staff and students that the teacher of students with severe handicaps is an integral part of the school faculty, and that, by extension, the students with severe handicaps are an integral part of the school as well. The data source for these items is primarily teacher interview, with additional documentation, when possible, from the classroom and teacher's schedule.

1. The classroom for students with severe disabilities is located in a central, highly visible location within the school.

2. The teacher participates in regular supervisory duties
   Lunch duty Bus duty Playground duty

   Hall duty Other_____

3. The teacher participates in extracurricular responsibilities

   Chaperones dances/other school events

   Participates in regular school fund raisers

   Coaches a regular sport

   Teachers a regular home room

   Club Sponsor

   Class Sponsor

   Other_____

4. The teacher takes lunch breaks and preparation periods in the same areas as regular education staff daily.

5. The teacher arranges meetings with regular education staff as necessary for ongoing integration plans and maintains ongoing (at least monthly, and more often as needed) contacts with involved faculty.

6. The teacher team-teaches with a regular education teacher on a regular (at least weekly) basis.

7. Regular class teachers attend student IEP conferences.

Support for Regular Education Students and Staff: This area examines the ways in which the teacher of students with moderate and severe handicaps conveys the purpose of his/her program to regular education teachers and students and whether he/she provides additional information as requested to facilitate integration. Note that this area *may* include, but is not limited to, disability awareness training or structured inservices to students and staff on the educational needs of the students with severe handicaps, specific strategies for communicating with students with augmentative communication systems, and safe use of wheelchairs and mobility devices (Smith, 1990), other adaptations used by the students, etc. Some teachers have effectively provided the needed information and support to regular education teachers and students in a less structured way or in the context of modelling effective interactions in the classroom or other school settings. It is important that the teacher makes sure that school staff and students have both the opportunity and an open invitation to learn about and interact with schoolmates with severe disabilities, and that these opportunities are clearly made known to the general school membership and are offered on an ongoing basis.

The data source for this area is teacher interview. The evaluator should ask for specific examples for each activity that the teacher has done before awarding points for each item.

1. The teacher of students with disabilities provides general information to regular education *staff* as to the purpose of the program, general outline of curricula areas, and the importance of integration for student with severe disabilities,

2. The teacher of students with disabilities provides general information to regular education *students* as to the purpose of the program, general outline of curricula areas, and the importance of integration for students with severe disabilities.
3. The teacher makes systematic efforts to recruit regular education students for buddies programs or peer tutoring through faculty and student announcements and/or presentations, formal peer tutoring course descriptions and information provided at school registration, etc.

4. The teacher of students with disabilities provides additional information to regular education staff and students who request it (including specific strategies for including students with disabilities in regular education activities, communication

strategies and systems, etc.)

D. **Structuring Inschool Peer Tutoring or Pals Programs**: One of the most effective strategies for initiating relationships between regular education students and students with severe disabilities are formal friendship or pals programs, or inschool peer tutoring programs (Haring, Breen, Pitts-Conway, Lee, & Gaylord-Ross, 1987). Such programs provide a "structure" for students' getting acquainted and learning about each other. Experience has shown that genuine friendships, both at school and extending outside of school hours, have often developed from successful pals or peer tutoring programs.

Successful peer tutoring and friends programs have relied on systematic efforts to "spread the news" about the program, to recruit regular education students, and in providing these students with adequate support (information, training in instructional techniques, data collection, etc.). Moreover, effective peer programs give both regular education students and students with severe disabilities sufficient guidance, at least initially, in selecting activities to do together, and in providing regular feedback to the students.

A word of caution should be given about peer tutoring. While this has been a very effective vehicle for facilitating integration, and is offered as a formal course in a number of Kentucky high schools, the teacher must be careful not to let the regular education students perceive their roles as "mini-teachers", or to perceive their relationships with the students with severe disabilities as "one-sided" (i.e., the regular education student teaches, the student with severe disabilities learns). Typical students and students with significant disabilities both have a great deal to learn from each other, and genuine friendships can have lasting importance for both students. The teacher should not lose sight of the ultimate goal of peer-to-peer relationships when structuring these programs, and should carefully model and reinforce friendship or reciprocal interactions.

The data source for this area is again teacher interview. Several of the indicators should also be documented with other evidence, including the presence of training or orientation materials for participants in pals or peer tutoring programs (item #2), individual peer tutoring schedules for participating peer tutors (item #3), direct observation of peer tutoring programs (items #2 and #4) and copies of school newspaper articles about peer tutoring, course descriptions, etc.

1. The teacher makes systematic efforts to recruit regular education students interested in becoming peer tutors, or in participating in a friends program.

2. The teacher provides training to these students via information about her students and modelling appropriate behaviors.

3. The teacher provides structure to these programs, including: specific schedules (student/activity) for peer tutors, individually assigned activities for students in friends programs.

4. The teacher regularly provides feedback to peer tutors/friends on the appropriateness of activities, instructional techniques and data collection where applicable, as well as providing reinforcement for peer tutors/friends for their role in the classroom.

5. The teacher has a formal way of recognizing students who participate in this program (special party, school newspaper article, etc.)

E. **Individual Student Integration Outcomes:** While not specific to teacher behavior, this section provides some very important information about the outcomes of integration efforts. Do relationships between students with severe handicaps and nonhandicapped students extend beyond formal integration efforts and in-class activities to student out-of-class activities, to extracurricular activities occurring after school hours, and to friendships outside of school altogether (visiting each others houses, attending slumber parties, hanging out together at the mall, etc.)? Do students with handicaps and nonhandicapped students choose to spend time with each other? Though these outcomes cannot be directly controlled by teachers, teachers can influence the possibility of the outcomes occurring. By performing the activities/behaviors indicated in the Integration subcomponents, the teacher will certainly increase the chances for the development of friendships. Indeed, research on friendship has indicated that key variables are ***opportunity for interactions***, degree of ***perceived similarities***, and the ***perceived social competence*** of the potential friend. This instrument has been carefully constructed to critically examine those variables in the context of the students' educational program.

The data source for each item is teacher interview. Before assigning points to each item, the evaluator should ask the teacher for specific examples of each activity, and determine how many students with severe disabilities are participating in each of the indicated items. Other documentation can include slides, video tapes, or photographs of integrated activities, as well as school and community newspaper articles, etc.

The final item in this subcomponent examines friendships outside of school. Because these are not under the direct control of school staff (not even administrators!), this item is left as a "bonus" that can be added to the point total of the other indicators in this section.

1. Students with disabilities are given choices of environments, activities, and individuals in/with which to participate.

2. The students participate in grade-level activities, i.e., school dances, graduation, class field trips and special parties, sports events, etc. on a regular basis.

   All of the students with disabilities
   At least 1/2 of the students with disabilities
   At least one student with disabilities

3. Students with disabilities have developed individual friendships with regular education students characterized by regularly (at least weekly) spending time together without being asked to do so by teachers and other school staff (e.g., during lunch, free time, recesses, etc.).

   All of the students with disabilities
   At least 1/2 of the students with disabilities
   At least one student with disabilities

BONUS ITEM

4. Students with disabilities have developed friendships with nonhandicapped friends that extend beyond school hours resulting in the following: spending time at each other's homes, going to parties/games together, "hanging out" after school, slumber parties, etc.)

   All of the students with disabilities
   At least 1/2 of the students with disabilities
   At least one student with disabilities

Overall Exemplary Status for INTEGRATION Includes the Following:

Subcomponent I: Interaction Opportunities:
1. A minimum of 25 weekly opportunities for integrated interactions over at least four activities for each student, and
2. The presence of an IEP objective for each student that addresses interaction skills with nonhandicapped peers.

Subcomponent II: Teacher Behaviors Supportive of Integration and Individual Student Outcomes (exemplary point totals in four of the five areas of this subcomponent)
   A. Teacher Integration with Regular Education Staff
   B. Teacher/Staff Role Modelling Supportive of Integration
   C. Support for Regular Education Students and Staff
   D. Structuring Inschool Peer Tutoring or Pals Programs
   E. Individual Student Integration Outcomes

References

Ford, A., & Davern, L. (1989). Moving forward with school intergration. In Gaylord-Ross, R. (Ed.). *Integration strategies for students with handicaps.* Baltimore: Paul Brookes.

Goetz, L., Haring, T., & Anderson, J. (1983). *Educational assessment of social interaction (E.A.S.I.).* San Franscisco State University.

Halvorsen, A. (1986). *Integration needs assessment.* California Research Institute for the Integration of Students with Severe Disabilities. San Francisco State University.

Haring, T.G., Breen, C., Pitts-Conway, V., Lee, M., & Gaylord-Ross, R. (1987). Adolescent peer tutoring and special friend experiences. *The Journal of the Association of Persons with Severe Handicaps, 12* (4), 280-286.

Smith, P. D. (Producer/Writer). (1990). Wheelchair safety [Video]. Lexington: Kentucky Ststems Change Project, Interdiscriplinary Human Development Institute, University of Kentucky and Fayette County Schools.

Snell, M.E., & Eichner, S.J. (1989). Integration for persons with profound disabilities. In F. Brown and D. Lehr (Eds.). *Persons with profound disabilities: Issues and practice.* Baltimore: Paul Brookes.

Stainback, S., Stainback, W., & Forrest, M. (1989). *Educating all students in the mainstream of education.* Baltimore: Paul Brookes.

COMPONENT II:

FUNCTIONAL CURRICULUM

COMPONENT II: FUNCTIONAL CURRICULUM

The foundation for developing meaningful educational programs for students with moderate and severe disabilities rests within this second component. Educational programs for these students should have as their basis age-appropriate activities across the four life-domains: domestic, community/school, vocational, and recreation/leisure. Moreover, parents have an important role in the selection and prioritization of these activities. Assessment of student performance should be conducted in the natural settings in which these activities occur, and the IEP should be structured to reflect these highest priority activities. Basic skills (motor, communication, sensory, academics, etc.) should be taught in the context of meaningful participation in the age-appropriate activities selected. Finally, classroom organization and scheduling should reflect ample opportunities for active student participation and learning in these activities.

A. **Local Catalog:** A local catalog of age-appropriate activities across the four major life domains should form the basis for curriculum development for students with moderate and severe handicaps. A local catalog is a listing of activities available in the student's community that are typically engaged in by the student's same age, nonhandicapped peers. The activities are drawn from all four life domains: domestic, community/school, vocational, and recreation/leisure. Further, especially for students at the primary level, the catalog should be heavily indexed with age-appropriate, school-based activities that emphasize the four domains and encompass the development of basic skills such as in academics, motor, communication, sensory, and social skills.

1. **The catalog is referenced to the student's local community and includes activities and settings specific to that community.**
   In developing a local catalog, the teacher can adapt an age-appropriate model catalog to the student's own school and community by indicating the local settings in which each of the specific activities occur and by adding/deleting activities as they are available in the students' community and school. Excellent model catalogs are available from Wilcox and Bellamy (1987), *The Activities Catalog: An Alternate Curriculum for Youth and Adults with Severe Disabilities,* from the Kentucky Systems Change Project for Students With Moderate and Severe Handicaps document, *Model Local Catalogs and Curriculum Process for Students with Moderate and Severe Handicaps* (Kleinert and Hudson, Eds., 1990), and from Ford et al.,(1989), the "Scope and Sequence Chart" of the *Syracuse Community-Referenced Curriculum Guide for Students with Moderate and Severe Disabilities.* Again, the development of basic academic/cognitive, motor, communication, social and sensory skills across these community/school activities should be emphasized especially with younger students and students with the most severe disabilities.

   The data source for this item is the presence of a written local catalog adapted to the activities and specific settings available in the student's school and local community.

2. **Age-appropriate activities from the four domains are selected from the local catalog.** If the IEP is to address

all areas of important life functioning, prioritizing activities for inclusion in the student's IEP should result in the selection of at least one to two activities per domain, The data source for this measure is the student's IEP itself. At least one (and usually more) activity-based goals should be listed for each of these four domains: domestic, community/school, vocational, and recreation/leisure. Note that the actual selection of specific activities for inclusion in the IEP should be contingent upon parent participation in the planning process, described below.

B. **Parent Participation:** Parent participation is critical for determining a student's current level of participation in activities of daily living, student preferences, family expectations, and priorities for instruction. All of this information is essential in designing programs that will enhance the student's functioning in current and future real life activities.

1. **A parent questionnaire or interview is used to obtain information on the student's participation and preferences.**
There are a number of parent interview formats available for determining a student's level of participation in family activities and the student's preferences for activities (see Falvey, 1989; Hudson, 1990). The data source should be the written record of the parent/family interview indicating level of student participation in family routines at home and in the community, and student activity preferences.

2. **A parent questionnaire is used to obtain parent priorities and long-range expectations for their child.** As in B.1 above, there are a number of parent interview formats available for determining parental priorities and expectations (see Falvey, 1989; Hudson, 1990). The data source should again be the written record of the parent/family interview indicating parental priorities for instruction and their long-term expectations for their son or daughter. Of course, the same interview form can be used to obtain the information needed in both B.1 and B.2.

C. **Assessment:** After selecting high priority activities for instruction, the teacher must then assess the student's current level of performance in each of these activities in the actual settings in which they are to occur before designing appropriate instructional programs.

1. **Assessment of the basic skills needed in activities is conducted in natural settings for all IEP objectives and includes a task analysis, needed adaptations, and levels of assistance.** The procedure for collecting assessment information in natural settings is to first conduct an ***ecological inventory*** for that activity (that is, observe and describe the steps of the activity as it is typically performed by the student's nonhandicapped peers) and then to conduct a ***student repertoire inventory*** (a pretest or initial assessment of student performance as measured against the ecological inventory). The student repertoire inventory should also include the level of assistance (e.g., verbal, demonstrations, hands-on physical assistance) that the student required to complete each

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step, as well as the teacher's determination or "best guess" of specific adaptations that the student will need to participate fully in the activity.

2. **Assessment information is compiled and shared with appropriate support staff.** In conducting assessments, it is important that related services personnel (i.e., speech pathologists, occupational and physical therapists, vision or hearing specialists, paraprofessionals) have the opportunity to assess relevant communication, motor, and/or sensory skills in these same activities, and that the results of the teacher's assessments be shared with related service personnel and other team members. The data source for this measure is written assessment information from related service personnel describing student functioning in the targeted real-life activities, as well as documentation that the teacher and related service personnel have shared their assessment information to develop the student's program.

D. **Individualized Education Program Goals:** This subcomponent examines the quality of the IEP itself in terms of (1) the comprehensiveness of curriculum content, specifically the presence of all four domains and/or the inclusion of critical skills (academic, communication, sensory, motor, self-help skills) across activities in each of the four domains; (2) the age-appropriateness of the activities and settings for instruction; and (3) the completeness and quality of the instructional objectives.

1. **The individualized education program (IEP) contains at least one activity-based goal for each of the four domains.** This is the same measure as A.2 in this component. Again the data source for this component is the student's IEP itself.

2. **The activity-based goals are prioritized and critical activities/goals are noted for extended school year monitoring.** This prioritization should occur for two reasons: 1) the most important goals should receive the most frequent instruction; and 2) critical objectives need to be monitored for regression during summer breaks to establish a student's potential eligibility for extended school year services. Under Kentucky regulation, handicapped students who evidence significant regression on critical IEP skills during school breaks and who then require extended recoupment time (more than six to eight weeks) to make up those lost skills are eligible for extended year programming beyond the 175 day school year. For more information on Extended School Year Services, see *Considerations in the Provision of Extended School Year Services*, available from the Kentucky Department of Education, Office of Education for Exceptional Children, or the Kentucky Systems Change Project.

3. **Basic skills (communication, motor, sensory, etc.) are embedded in functional, activity-based objectives.** Students with the most severe and multiple handicaps may need to learn many basic skills across the major developmental areas (e.g., motor, cognitive, social, communication, self-help). Yet these skills need to be taught within the context of age-appropriate activities. For example, 'head control' for an adolescent needs to be taught across community work training sites and leisure activities with nonhandicapped peers. 'One-to-one' correspondence needs to be taught in the context of relevant cooking activities (setting the table, following recipes), vocational activities (assembly, packaging, or filing tasks), or recreation/leisure activities (such as board games). 'Controlled grasp and release' needs to be taught within the context of such activities as using vending machines, reaching for grocery items, etc. For every basic skill targeted for instruction on the IEP, there should be at least two age-appropriate functional activities or settings in which it will be taught. The data source for this measure is the IEP itself. The evaluator should determine: 1) which IEP objectives represent basic skills in the cognitive, motor, communication, social, or self-help areas; and 2) determine if each basic skill includes at least two functional activities/settings for instruction. For more information on embedding basic communication, motor, and academic skills, the reader is referred to the *Syracuse Community-Referenced Curriculum Guide for Students with Moderate and Severe Disabilities* (Ford et al. 1989), the Office of Education for Exceptional Children Support Document: *Kentucky Programs for Students with Severe Handicaps Including Deaf-Blindness,* and *Communication Programming for Students with Severe and Multiple Handicaps,* (Smith and Kleinert, 1989).

4. **Age-appropriate activities and materials are used to teach goals.** It is essential for both the student's self-concept and others' (nonhandicapped students and teachers) perception of the student that all instruction occur within the context of age-appropriate activities using age-appropriate materials. Moreover, the chances are much greater that skills taught in school programs will generalize to real life settings if the materials used are similar to those the student will encounter in the real world. While this measure requires a bit of subjectivity, the evaluator should use the following guide: Would I expect *nonhandicapped* students *of the same age* to use these materials and/or engage in these activities? (Remember, what is critical here is the student's *chronological* age and not his/her mental age). There are two data sources for this measure:

   (1) the IEP itself - are the activities, settings, and materials age-appropriate?
   (2) an informal observation of the classroom - are the materials in the room age-appropriate and are the students using those materials?

5. **Each objective includes the instructional condition, measurable behavior(s), criteria for mastery, and generalization plan.** A complete instructional objective should include the following elements: 1) the condition under which the behavior is to be performed (e.g., 'when given a shopping list with 10 pictured items'); 2) the behavior that the student is expected to do (e.g., 'will find all 10 items'); 3) the criteria for mastery (e.g., 'with 100% accuracy for three consecutive trials'); and 4) the setting and a generalization plan (e.g., 'across three different stores in the student's home community'). Taken together, these criteria insure that the instructional objective will have precisely the same meaning for different teachers, therapists, and others who will need to teach the objective and that the student can perform the newly acquired skill across the range of settings in which he/she will need this new skill. Without carefully pinpointed, clearly delineated skills *and* generalization criteria, the opportunities for students with moderate and severe handicaps to learn truly functional behaviors are greatly decreased. These criteria should be included in *every* instructional objective on the IEP. Note that some of these criteria may not be directly specified within the body of the objective itself, but may be included in a column on the IEP form marked ('evaluation criteria' or 'setting and materials' for the objective). The data source for this measure is the IEP itself.

6. **Behavior change objectives are written so that more appropriate behaviors are targeted.** Students with severe handicaps frequently have behaviors which interfere with instruction or with their overall functioning. These behaviors can include self-abusive behaviors (biting, hitting oneself); aggressive behaviors (kicking others, throwing things); 'attention-getting' behaviors (talking excessively, making noises); self-stimulatory behaviors (excessive rocking, finger flicking); or withdrawn behaviors (always sitting by oneself, moving away when someone approaches him/her), etc. In designing behavioral programs to reduce behaviors such as these, the instructor needs to consider several factors: 1) what is the *communicative* intent of this behavior - i.e., what is the student trying to say (for example, that he/she doesn't like this activity, that the activity is too hard, that he/she wants attention, etc.); and 2) what *more appropriate behavior* could the student be taught in order to communicate this intent. Thus, every behavioral change program should include a new, more appropriate behavior to be taught in place of the behavior targeted for change. The data source for this measure is the IEP.

7. **The annual review includes a statement of current functioning on activity goals and recommendations for further instruction.** In order to insure continuity of programming across a student's educational career, it is important that the annual review/IEP meeting include a statement of the student's present functioning level across priority activities in the four domains. A simple listing of mastered isolated skills (e.g., the student can count to ten, the student 'knows' 15 signs, the student can match pictures and sort shapes, etc.) does not provide any information on the student's present

ability to participate in age-appropriate daily routines at school, at home, and in the community. Thus, the statement of current functioning should include a description of the student's present level of participation and independence in the high priority activities that the teacher and parents have targeted in previous years. The data source for this measure is the IEP section that describes current level of functioning.

E. **Classroom and Student Schedules:** Key to the success of any classroom program is the organization and scheduling of classroom activities; the efficiency with which instruction is scheduled and classroom staff are used; and the use of individual student schedules to teach students to take responsibility for managing their own learning.

1. **A schedule is displayed in the classroom.** The basis to any well-organized, effective instructional program is the presence of a detailed, daily schedule that lists activities for each student, staff assignments, and instructional settings. Moreover, this schedule should be visible/easily accessible to all staff and related service personnel who are working with the students. The data source for this measure is the presence of the daily classroom schedule clearly accessible to all staff. Individual components of the schedule are as follows:

   (a) **instructional groups for each activity.** Each activity should clearly state which students will participate in that activity. Moreover, the majority of a student's day should be spent in *group* instructional activities (as opposed to one-to-one staff:student instruction). There are times, clearly, when one-to-one instruction is appropriate, but the majority of a student's time needs to be spent in small and large groups (especially in groups including nonhandicapped students) to teach important social and interaction skills. The data source for this measure is the classroom schedule. The evaluator should 1) ascertain whether each activity indicates the students who will participate; and 2) determine whether the majority of each student's time is spent in small group (and some large group) instruction, including instruction with nonhandicapped peers.

   (b) **a staff person/tutor assigned to each group/activity.** The schedule should specify which staff person is responsible for each instructional group/activity. It is also important to *rotate* instructional assignments for each group/activity so that students have the opportunity to perform targeted skills in the presence of different instructors. The data source for this measure is again the written classroom schedule.

   (c) **the group or activity location is stated.** Each activity listed on the schedule should also include the school or community setting in which the instruction will occur. The data source is the classroom schedule.

2. **All students are scheduled each period or instructional/activity time.** This measure ensures that all

students are assigned to appropriate activities throughout the school day (all students are accounted for and instructionally engaged in each period). The evaluator should carefully examine the schedule to insure that all students have planned functional activities during each instructional period. The data source for this measure is again the daily schedule.

3. **The schedule follows the lunch and school schedule used by their same age peers.** In order to afford the opportunities for interactions with same age peers, it is important that students with disabilities be scheduled into the same school periods, including lunch and breaks, with these nonhandicapped students. To evaluate this measure, obtain a copy of the general school schedule, including class periods, lunch and breaks, and compare it with the classroom schedule for students with moderate and severe disabilities. Note that in order to be age-appropriate for each student in the class, it is necessary for individual students to be scheduled for different grade-level regular classes, lunches, and breaks with students their own age. The data sources for this measure are the classroom schedule and the general school schedule.

4. **Activities are scheduled at naturally occurring times.** It is not only important that activities be functional and age-appropriate, but that instruction occur at the time the activity would normally happen. For example, students learning to order lunch in a fast food restaurant should go around noon, and not at 10:30 A.M. Students working on dressing skills should practice these skills in the context of naturally occuring activities, such as changing for P.E. and arrival and departure routines. While it may not be possible to schedule all teaching activities at their naturally occurring times, the great majority (85 to 90%) of activities should be appropriately scheduled. The data source is the classroom schedule itself.

5. **Students use appropriate individualized schedules to anticipate activities.** All students should have an individualized student schedule designed to reflect their daily schedule of activities. The ability to predict and to become more independent in following one's daily routine is an important vocational, communication, and cognitive skill. For students who have sight word reading skills, a printed schedule is appropriate. For other students, a picture schedule or symbol shelf schedule may be more suitable. A symbol shelf uses real or miniature objects (e.g., a fork to represent lunch time, a ball to represent P.E.) placed on a partitioned shelf or box to sequentially represent the student's daily schedule, and is often of value to students with multiple disabilities, including severe cognitive and visual impairments, or deaf-blindness. The schedule may be used in communication programming by pairing the objects or symbols with the activities they represent, to make choices, and to indicate what comes next (routine).

F. **Program Management and Design:** This section examines classroom environment and physical organization. Attractiveness and age-appropriateness of the classroom, the organization of the classroom into functional learning centers, and staff interaction and communication patterns with students are all addressed within this

area.

1. **Students are given opportunities throughout their day to make choices.** Programs for students with moderate and severe handicaps are frequently structured to teach students to wait for teacher direction in all activities. However, the ability to be self-directed and to make appropriate choices throughout the day is both an important skill for all students and is often a strong motivator in enhancing student performance. Students need to ***learn*** to make choices, and these learning opportunities should occur throughout the school day. Student choices can include determining the activity itself (e.g., a freetime or structured recreation/leisure activity), materials for that activity (e.g., an art project, a cooking lesson), choosing friends (including nonhandicapped students) with whom to interact, and deciding where to sit at lunch, etc. Moreover, choice making should also include decisions in more long-term areas, such as involvement in yearly school extracurricular activities, and choosing preferred job areas for vocational training and placement. The data source for this item is teacher interview and classroom observation. In interviewing the teacher, the evaluator should ask: "What kinds of choices does ___ make routinely throughout the day?" or "What opportunities does ___ have to choose activities, or instructional materials, or students to interact with during the day?" In addition the evaluator should observe at least three instructional periods to determine to what extent classroom staff actually do include choice making within daily routines.

2. **Equipment, surroundings, furniture, teaching materials and wall displays are attractive and age-appropriate.** This measure is important for several reasons: 1) students will be perceived by both staff and nonhandicapped peers as more like other nonhandicapped students if their classrooms and materials are age-appropriate; 2) as a consequence, students with handicaps will be treated much more like nonhandicapped students of their same age; and 3) classrooms that use age-appropriate materials will greatly increase the likelihood of students generalizing skills to natural environments. The data source for this measure is the classroom itself, and all relevant teaching and classroom materials. The overwhelming majority (at least 90%) of equipment, furniture, decorations, and materials must be age-appropriate in order to score this indicator as achieved.

3. **Work areas and materials are organized, neat, labeled and accessible to all students.** Students learn more efficiently in environments that are organized appropriately. Student down-time is minimized and staff do not spend instructional time searching for mislaid materials. Given the number of persons (teacher, assistants, related service personnel, peer tutors, etc.) who work in programs for students with moderate and severe handicaps, having all materials and equipment neat, organized and labeled is essential. Classrooms should be organized into work areas or learning acenters that relate to specific activities (cooking, leisure/games). Also, all materials should be accessible to students so they can participate in gathering materials for an activity and cleaning up or replacing materials when an activity is completed. The data source for this measure is again the classroom itself. The

overwhelming majority (at least 90%) of work areas and materials must meet these criteria in order to score this measure as achieved.

4. **Classroom organization allows for privacy during change of clothing, diapering, and toileting.** With students with the most severe and multiple handicaps, it is often necessary to meet basic hygiene and self-care needs within the context of the classroom. In order to do this respectfully and to meet the privacy needs of each student, any classroom or other school areas that are used for these functions should be partitioned for privacy, without detracting from the overall age-appropriateness of the setting. The data source for this measure is the classroom and/or any other school areas that are used for this function.

5. **Organization of room promotes orientation, mobility, communication, sensory stimulation and anticipation of scheduled events.** For students with severe visual and multiple sensory and motor impairments, it is important that the room organization remain stable, that it be structured to promote independent movement and student access to materials, and that it be 'highlighted' to encourage any residual sight or hearing that the student may have (e.g., materials outlined in bright fluorescent colors). Materials and areas should be labeled with pictures, raised symbols or miniature representations, or when appropriate, printed words, to promote independence and communication skill development. In addition, students need to participate in a variety of specific settings within the classroom and the school. This allows for frequent transitions that provide opportunities for frequent position changes and mobility training. The data source for this measure is the classroom and a knowledge of the students' needs for mobility programming, communication development, and use of residual hearing and vision skills. In order to score this measure, the evaluator will have to spend some time in the room observing different activities, including transitions between activities.

6. **Incidental teaching techniques are used to model verbal language and student's communication attempts are reinforced.** Students with moderate and severe handicaps frequently have significant communication needs. However, communication skills are best taught in the context of naturally occurring routines and not in formally structured "language lessons." Using natural opportunities to communicate (especially with nonhandicapped peers!) gives a reason to use and to initiate these communication skills, and an opportunity for the teacher to expand the communication skills the student presently has already achieved. Incidental teaching techniques rely on those natural situations in which the student is attempting to communicate (the teacher waits for that communication attempt and then teaches the student to expand his/her attempt), setting up situations if they do not naturally occur (arranging the environment, prompting, time delay, etc.), and then reinforces the student for using his or her communication skills. Moreover, incidental teaching opportunities should be built into the daily schedule for all students, but especially for those students with the greatest communication needs. The data source for this measure is

overwhelming majority (at least 90%) of work areas and materials must meet these criteria in order to score this measure as achieved.

4. **Classroom organization allows for privacy during change of clothing, diapering, and toileting.** With students with the most severe and multiple handicaps, it is often necessary to meet basic hygiene and self-care needs within the context of the classroom. In order to do this respectfully and to meet the privacy needs of each student, any classroom or other school areas that are used for these functions should be partitioned for privacy, without detracting from the overall age-appropriateness of the setting. The data source for this measure is the classroom and/or any other school areas that are used for this function.

5. **Organization of room promotes orientation, mobility, communication, sensory stimulation and anticipation of scheduled events.** For students with severe visual and multiple sensory and motor impairments, it is important that the room organization remain stable, that it be structured to promote independent movement and student access to materials, and that it be 'highlighted' to encourage any residual sight or hearing that the student may have (e.g., materials outlined in bright fluorescent colors). Materials and areas should be labeled with pictures, raised symbols or miniature representations, or when appropriate, printed words, to promote independence and communication skill development. In addition, students need to participate in a variety of specific settings within the classroom and the school. This allows for frequent transitions that provide opportunities for frequent position changes and mobility training. The data source for this measure is the classroom and a knowledge of the students' needs for mobility programming, communication development, and use of residual hearing and vision skills. In order to score this measure, the evaluator will have to spend some time in the room observing different activities, including transitions between activities.

6. **Incidental teaching techniques are used to model verbal language and student's communication attempts are reinforced.** Students with moderate and severe handicaps frequently have significant communication needs. However, communication skills are best taught in the context of naturally occurring routines and not in formally structured "language lessons." Using natural opportunities to communicate (especially with nonhandicapped peers!) gives a reason to use and to initiate these communication skills, and an opportunity for the teacher to expand the communication skills the student presently has already achieved. Incidental teaching techniques rely on those natural situations in which the student is attempting to communicate (the teacher waits for that communication attempt and then teaches the student to expand his/her attempt), setting up situations if they do not naturally occur (arranging the environment, prompting, time delay, etc.), and then reinforces the student for using his or her communication skills. Moreover, incidental teaching opportunities should be built into the daily schedule for all students, but especially for those students with the greatest communicati[illegible] needs. The data source for this measure is

observation of classroom instructional and "transitional" (between activities) times. For more information on incidental language teaching techniques, see Halle (1982) and Smith and Kleinert (1989).

7. **The ratio of staff's positive verbal interactions (descriptive verbal praise statements, etc.) with students to reprimand statements is at least 4:1.** An important indicator of the instructional climate of the classroom is the proportion of positive teacher statements to students for their appropriate behavior vs reprimand statements for inappropriate behavior. In a positive classroom environment, praise statements should greatly outnumber reprimands. In fact, research has shown that simply by praising appropriate behaviors and ignoring inappropriate ones, teachers can make considerable changes in their student behaviors! A simple measure of a teacher's ratio of praise to reprimand statements is to observe the teacher over several representative times and to tally *praise* statements for appropriate social, academic, and other functional behaviors, and *reprimand* statements for incorrect or inappropriate behaviors. (*Neutral* behaviors, such as giving directions, offering assistance, and other comments, should be tallied separately.) Praise statements should always occur at least four times as frequently as reprimand statements. When reprimand rates are high, teachers should consider if students have sufficient opportunities for reinforcement for appropriate behaviors, if students understand the task expectations, or if the instruction has been designed to minimize student errors.

References

Downing, J. (1988). Active versus passive programming: A critique of IEP objectives for students with the most severe disabilities. *Journal of the Association for Persons with Severe Handicaps, 13,* 197-201.

Falvey, M. (1989). *Community-based curriculum: Instructional strategies for students with severe handicaps (2nd Ed.).* Baltimore: Paul Brookes.

Ford, A., Schnorr, R., Meyer, L., Davern, L., Black, J., & Dempsey, P. *The Syracuse community-referenced curriculum guide for students with moderate and severe disabilities.* Baltimore: Paul Brookes.

Halle, J. (1982). Teaching functional language to the handicapped: Using the natural environment as the context for teaching. *Journal of the Association for the Severely Handicapped, 7,* 29-37.

Hudson, M. (1990). *Selecting IEP activities for students with severe handicaps.* Lexington: Kentucky Systems Change Project, Interdisciplinary Human Development Institute, University of Kentucky.

Kentucky Department of Education, Office of Education for Exceptional Children. *Considerations in the provision of extended school year services.* Frankfort, KY: Kentucky Department of Education, Office of Education for Exceptional Children.

Kentucky Department of Education, Office of Education for Exceptional Children. *Support document: Kentucky programs for students with severe handicaps, including deaf-blindness.* Frankfort, KY: Kentucky Department of Education, Office of Education for Exceptional Children.

Kleinert, H. & Hudson, M. (Eds.) (1989). *Model local catalogs and curriculum process for students with moderate and severe handicaps.* Lexington: Kentucky Systems Change Project for Students with Severe Handicaps, Interdisciplinary Human Development Institute, University of Kentucky.

Smith, P. D., & Kleinert, J. O. (Eds.) (1989). *Communication programming for students with severe and multiple handicaps.* Lexington: Kentucky Systems Change Project, Interdisciplinary Human Development Institute, University of Kentucky.

COMPONENT III:

SYSTEMATIC INSTRUCTION

COMPONENT III: SYSTEMATIC INSTRUCTION

Systematic instruction is a "replicable process which reflects currently accepted 'best' practices, uses performance data to make modifications, and includes acquisition, proficiency, maintenance, and generalization learning." (Snell & Zirpoli, 1987, p. 110). Systematic instructional programs are detailed road maps that professionals and paraprofessionals follow to provide consistent instruction to students.

Teachers of students with moderate, severe, and multiple handicaps are responsible for coordinating the efforts of diverse professionals and classroom staff who interact with their students daily. Instructional assistants, related service personnel, volunteers, student teachers, practicum students, and peer tutors all may be involved in teaching programs to students. The instructional programs the teacher writes need to be easily replicated (or followed) so that teaching can be systematic across all persons conducting the program.

In order to assess this component, it is important to be aware of what systematic instruction is not. Systematic instruction is not merely rote procedures repeated invariantly by different persons. The ultimate goal of all instructional programs is to teach skills that students will use regardless of the passage of time, and/or changes in materials, persons, places, and instructional cues (Snell, 1987). Students need to learn to respond to *different instructional cues, materials, persons, and places,* so that they can *generalize* what they have learned to new situations. For example, a student who is learning to cross streets safely needs to respond correctly to several *cues* (curbs, stop signs, lights, pedestrian cross walks, "Don't Walk" signs), across many different *places* (different intersections in the student's community), at different *times* across the day in heavy and light traffic, and when walking with different *people* (teachers, paraprofessionals, parents) or when alone. Systematic instruction is the use of 'state-of-the-art' techniques for teaching students with severe and multiple handicaps across these environments, persons, materials, and cues.

A. **Individualized Instruction Program:** A critical part of systematic instruction is the development of written plans for instruction. Each objective identified on the IEP should include a plan for instruction that clearly delineates the steps the student must perform to complete the objective, the teaching and prompting (or assisting) procedures that the teacher will use, and the ways in which the teacher will reinforce correct student performance and correct student errors.

   1. **An instructional program is written for each IEP objective currently being taught.** Each objective on the student's IEP needs to have an instructional program that includes the following components: (1) a task analysis of the activity; (2) written prompting procedures; (3) written reinforcement and error correction procedures; (4) a description of individual student adaptations; (5) a written generalization plan; and (6) a data collection sheet. Each of these components is described below. The data source for this measure is the presence of a written instructional program for each IEP objective that has been

implemented,. The evaluator should reference the objective to the student's IEP to ensure that the objective is included on the IEP. (This is especially important if the objective is community-based and the student is traveling off-campus for instruction).

2. **A task analysis is written for each activity.** In order to determine at what points in an activity the student needs instruction, activities are broken into small observable steps (a task analysis). Information is then collected on what the student can and cannot do on each of those specific steps. For each activity currently being taught (e.g., playing a board game with a nonhandicapped peer, shopping), a task analysis should be written that identifies the small steps needed to complete that activity (e.g., plays a board game with a nonhandicapped peer) or to meet the end objective (i.e., shops for five items at a grocery store). The data source for this indicator is the presence of a written task analysis for each targeted activity or skill on the IEP. An example of a task analysis for the skill of hand washing is: (1) approaches sink, (2) turns on cold water, (3) turns on hot water (4) wets hands, (5) puts soap in hands, (6) lathers hands, (7) rinses hands, (8) turns off water, (9) dries hands.

3. **Prompting procedures are included in the program.** Prompting procedures are actually teaching instructions for the person conducting the program. Prompting procedures describe how to assist the student to perform the steps of the task analysis when the student does not perform the behavior independently. The *system of least prompts (SLP)* is a prompting procedure that gives increasing amounts of assistance when a student makes an error or fails to respond. When a student does not perform a step in the task analysis correctly, increasing amounts of assistance are given on that step until the student does perform it correctly. An example of the increasing levels of assistance given to students in the system of least prompts could include (but is not limited to) the following:

    (1) *independent* performance (I)--the student needs no assistance
    (2) *verbal* assistance (V)--the teacher tells the student what to do, i.e., "Pick up the shoe lace"
    (3) *demonstrate/model behavior plus verbal* assistance (M)--the teacher gives the verbal direction, "Pick up the shoe lace" while pointing to the shoe lace or demonstrating how to pick up the shoe lace
    (4) *partial physical assistance plus verbal* cue (PP)--the teacher physically prompts the student on less than half of the behavior (that is, the teacher physically guides the student to perform a part of that step) while verbally repeating the instructions
    (5) *full physical plus verbal* assistance (FP)--the teacher physically prompts the entire behavior; i.e., using hand-over-hand assistance, the teacher guides the student to pick up the shoelace, while repeating the verbal cue, "Pick up the shoe lace."

Another prompting procedure is the *physical prompting and fading (most-to-least)* procedure. This procedure begins with the prompt that gives the most assistance and with repeated instruction on

the task, gives progressively less assistance until the student learns to perform the task independently. The prompts are faded as the student's own performance indicates he/she needs less assistance. The prompting hierarchy for the physical prompting and fading procedure may look like the following:

(1) *full physical guidance* (FPG)--the student is put through the behavior using hand-over-hand guidance while the teacher provides verbal directions to complete the step
(2) *partial physical guidance* (PPG)--the student is touched at specific places (usually joints that control movement) to initiate his/her performing the behavior while the teacher provides verbal directions to complete the step
(3) *gesture* (G)--the teacher points or gestures for the student to begin the step while verbally giving directions to perform the step
(4) *verbal* (V)--the teacher gives the verbal directions only.
(5) *independent* (I)--the student performs the behavior without any assistance

Specific prompt levels or "hierarchies" will depend upon individual student learning styles and the characteristics of the task itself. These prompt levels would, of course, be modified for students with severe hearing and/or vision impairments.

The data source for this indicator is the presence of written prompting procedures (including a description of the prompt levels) for each activity in which the student is receiving instruction. Many teachers choose to include this information on the data collection sheet or the task analysis sheet.

4. **Reinforcement and error correction procedures are included in the program.** Reinforcement procedures describe what will happen to the student when he/she successfully completes a step(s) in the task analysis. Reinforcers may be thought of as "rewards" for performing the target behavior; reinforcers motivate the student to perform the behavior again. Reinforcers may be tangible (e.g., food) or more abstract (e.g., verbal praise for correct performance) or naturally occurring (hearing music after turning on a cassette tape player). Descriptive verbal praise is a reinforcement procedure in which the instructor echoes what the student just did, i.e., "Good! I like the way you found all the items on your list." It is important to remember that what is reinforcing for one student may not be at all reinforcing for another student (e.g., the student who does not like to be touched, the student who does not react to verbal praise, etc.). ***A common problem within instructional programs is identifying an effective reinforcer.*** Anyone who has worked with students with severe handicaps knows that this is not always an easy task! Teachers may have to systematically observe a student's reactions to many different activities or potential "reinforcers" to accurately identify what is reinforcing for a particular student. Parents or other family members are often able to provide valuable information in identifying reinforcers as well.

Error correction procedures describe what the teacher will do when the student makes an error or fails to progress through the steps

in the task analysis. A student needs to experience success. This can best be done by minimizing the number of errors a student makes, and by providing very specific, clear corrections when a student does make an error. An example of an error correction procedure used when a student tries to mail a local letter in the out-of-town box is:

> The instructor says, "No. This is a local letter. See the name of our town. (Point to the town's name). Local letters go in this slot." (The teacher may also point to the correct slot/guide or guide the student's hand to the correct slot).

The data source for this indicator is a written description of the reinforcement and error correction procedures, attached or included within each instructional program.

5. **A description of individual student adaptations is included in the program.** Within instructional programs, provisions need to be made for individual student needs. These provisions may range from a particular sitting position, to placement of materials in a specific position, to making sure a student has his/her glasses. Individual student adaptations may be noted on data sheets. An example of an adaptation noted on a data sheet is, "S. uses a calculator while shopping to determine if he/she has enough money". Another example of an adaptation documented in the instructional program might be a diagram of the correct sitting position needed by the student when being fed along with a short note stating that food should be presented from the right side. The data source for individual adaptations is a written record of the adaptations required to complete an activity. This record should be attached or included with the instructional program.

6. **A generalization plan is included in the program.** This statement should detail how the instructor will assess the student's performance in other environments (or with other materials or persons) after criterion in the training environment(s) have been reached. For example, a generalization statement for grocery shopping would list the grocery stores in which the student would be required to shop, other than the grocery store in which the initial training was done, to see if the skills learned in the training site transferred to these new stores. An example of such a generalization statement for grocery store shopping is, " The student will shop using a five-item list at the corner Convenient store, the local Krogers, and the Piggly Wiggly store." The data source for the generalization plan is a written statement describing the generalization requirements that the student must master. This should be included within the instruction program. In cases where students have considerable difficulty in generalizing, teaching procedures for insuring generalization should be included as well (e.g., systematically varying teaching materials, teaching settings, etc., during instruction, etc.).

7. **A data sheet is included in the program.** Keeping systematic data on student progress is important for several

reasons. Data provide a long-term record of the student's performance. Data tell the teacher if programs need to be modified or adapted. Data can be summarized on a graph to quickly report a student's progress to a parent or another professional. The following information should be included on each student's data sheet: (1) domain (e.g., vocational, domestic); (2) activity or task; (3) environment; (4) IEP objective; (5) the prompting procedure; (6) the task analysis for that activity; (7) the reinforcement procedure; (8) date(s) of instruction; (9) a space(s) for recording and summarizing the data collected; (9) student's name; and (10) instructor's initials or name. A comments section is helpful to record changes in the program, variations in student performance, necessary materials, etc. The data source for this indicator is the data sheet for each activity in which the student is receiving instruction.

B. **Program Data:** Every effective teacher takes data on student performance. For teachers of students with moderate and severe handicaps, whose students often gain skills in small increments, careful data collection is perhaps even more important. Systematic data collection documents both student learning and program effectiveness, and provides clear indication of when a program needs to be changed because it is not working.

1. **Data for each program is collected a minimum of once a week.** In order to tell if the instructional program is working for a student, data on the student's progress needs to be taken systematically. Data should be taken on the program data sheet at least once weekly for each activity in which the student is receiving instruction. However, programs addressing skill acquisition and behavior change programs should have, whenever possible, daily data. The data source for this component is the data sheet for each instructional activity.

2. **Data is summarized.** Data may be summarized in several ways depending on the type of data collected and its intended use. A common way to summarize the data collected is to calculate the percent of correct responses (number of +'s divided by the total number of steps possible) a student achieved during an instructional session. This is useful if the objective on which the student is working has a criterion statement that requires a percentage of task analyzed steps to be completed correctly and independently (e.g., "When the student's shoes are untied, the student will perform 90% of the task analyzed steps for tying his/her shoe laces independently, 4/5 sessions"). The data source for this indicator is the data sheet with appropriate data summaries. In addition, a separate summary sheet (e.g., a graph of student performance) may be a very effective way to illustrate student progress.

3. **Program changes are made based on data.** Data collection is useful only if the summarized data are analyzed and used to make decisions concerning the effectiveness of the program. The data summary should provide clear documentation of the student's learning. Generally, if the student makes no progress toward a goal within three sessions or days of instruction, program modifications should be considered. A convenient place for a description of small program changes is a column of the data

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sheet. An example of such a program change made because a student was not progressing and the reinforcer appeared ineffective was, "Begin pairing descriptive verbal praise with tokens traded for *free time* after completing activity." Program changes can be made directly onto the data sheet if the change is small. If major program changes are necessary, however, a separate sheet describing the changes should be attached. The data source for program changes is the data sheet or an attached sheet describing program modifications.

C. **Social Behavior Change Programs:** Students with moderate and severe handicaps, like all students, sometimes have behaviors that need to be increased (such as using the bathroom appropriately or completing their work on time) and behaviors that need to be decreased (talking out of turn, kicking another student, etc.). Effective behavior change programs are based on: (1) a careful analysis of the behavior, and the events surrounding it; (2) the communicative message or intent that the student may be giving with the behavior; and (3) a plan that increases an alternative, appropriate behavior through positive reinforcement. ***Most importantly, behavioral change programs should always be considered in the instructional context in which the inappropriate behaviors or (lack of appropriate behaviors) are occurring: Specifically, is the student being asked to engage in a meaningful, functional activity during that time?*** Unfortunately, in some instances, students with moderate and severe handicaps display "inappropriate" behaviors as a direct result of being expected to engage in meaningless, age-inappropriate busy-work tasks.

The indicators for determining effective social behavior programs are presented below.

1. **Social behavior change programs are written when needed and include a schedule for teaching/differentially reinforcing appropriate behavior.** Instruction involving student behavior and social skills should not be ignored in daily instructional routines. Many students with moderate, severe, and multiple handicaps need systematic instruction to learn socially mature behaviors and social interaction skills. Behavior change programs can be designed to increase a desirable behavior or decrease an undesirable behavior or to increase the social interaction skills of pupils with their non-handicapped peers and others. When targeting a behavior to decrease, the teacher should carefully select and reward desirable adaptive behavior. For example, if a student touches many objects in the grocery store other than the items on her list, the teacher may design a program to reduce this touching behavior while at the store. In addition to decreasing the undesirable behavior of touching too many items, the behavior of only touching the items on her list should be rewarded. The data source for behavior change programs is the written program itself, including a specific schedule for rewarding the desired behavior.

   Given the importance of social behavior change programs, they should be identified as part of the IEP process. When behavioral change programs are developed in the middle of the year, the IEP should be updated to reflect this instructional priority.

2. **The program includes well-defined baseline data.** Data is collected on the rate or level of the behavior *before* any behavioral program is begun so the teacher can establish the initial level of the behavior. By comparing the rate or level of the behavior in baseline to the rate or level of the behavior during intervention, the teacher can determine if the program is working. When collecting baseline data, the teacher should respond to the student the way she/he has responded to the behavior in the past. The purpose of baseline is *not* to change the behavior, but to get an accurate measure of how often or at what level it is occurring. Before collecting data on the behavior, it is necessary to define the behavior being observed in very precise, concrete terms, so that all persons observing the behavior can recognize it when it happens. Vague terms such as 'disturbing others', 'loud noises', etc. should be described. Three to five days of baseline are usually sufficient to determine if a behavior change program is needed. The data source for this indicator is the presence of baseline data for any behavioral change program presently being implemented.

3. **The program includes a functional analysis of the target behavior and consideration of communicative intent.** A functional analysis of the behavior means that the teacher or person observing the behavior describes in writing the events that occur directly before and after the student does the behavior. The purpose of this analysis (sometimes called an A-B-C, or antecedent - behavior - consequence analysis of the target behavior) is to provide clues as to the environments, situations, and rewards that keep the behavior occurring. For example, the following excerpt from an A-B-C analysis shows that attention from other students might be rewarding this student's spitting behavior.

Antecedent	**Behavior**	**Consequence**
Teacher pushes student's wheelchair over to group	Student spits.	Other students make faces and say "Yuck!"

It is also important to determine *why* a student performs a behavior, i.e., what the student is trying to communicate through that behavior. For example, if a student is making loud noises to gain attention, has he/she been taught a more appropriate way to signal for attention? The student who pushes the teacher away may be saying that the task is too difficult, but has no other way to express that frustration. Describing the *communicative intent* of the behavior may suggest to the teacher a more appropriate means for the student to communicate that intent or that the task itself may need to be changed. Teaching a more appropriate form of communication and/or making programmatic changes should be an integral part of the behavioral program.

The data source for this measure is written documentation that the teacher has performed a functional analysis of the target behavior (identification of the antecedents and consequences of the behavior) and that the teacher has considered the communicative intent of the behavior. This documentation can take

the form of behavioral logs, or recording forms. This documentation should be in place for each systematic behavioral change program that the teacher is presently implementing to reduce an undesired or inappropriate behavior.

4. **The program describes continuous behavior change measurement.** Data should be collected on the behavior daily and the data analyzed to determine if the program is effective. The data source for this component is the data collection sheet for each behavioral change program.

5. **All behavior change programs are based on non-aversive strategies and are designed to increase alternative appropriate behaviors.** Behavior programs should use strategies that focus attention not only on the behavior that is undesirable, but on an alternative, desirable behavior. This means reinforcing behaviors that are *incompatible* with the target behavior. Reinforcing hand raising to reduce talking-out behavior is an example of reinforcing an incompatible behavior. Moreover, all procedures used to increase appropriate behaviors and decrease inappropriate behaviors should be non-aversive, e.g., designed to teach and positively reinforce the student for these appropriate behaviors. Natural consequences for inappropriate behaviors such as response cost or losing opportunities to earn reinforcers may be appropriate when paired with clear, frequent opportunities for reinforcement. ***Directly administering pain (spanking a student, hitting with a ruler, etc.) or other noxious stimuli (squirting water at a student, etc.) should never be used under ANY circumstances.*** The data source for this component is the written behavior change program. When possible, written procedures should be compared to direct observation of those procedures in the classroom and other instructional settings.

   When *serious* behaviors are the target for change (e.g., frequent aggression to other students or staff, running away, etc.), then a *team* composed of the parents, the teacher, other appropriate school and classroom staff, a behavioral consultant, and when possible, the student himself, should design the social change program. Parents should always be involved in this process, and should be given adequate opportunity to review procedures, and to have these procedures demonstrated to them.

6. **The ratio of staff's positive verbal interactions (descriptive verbal praise statements, etc.) with students to reprimand statements is at least 4:1.** An important indicator of the instructional climate of the classroom is the proportion of positive teacher statements to students for their appropriate behaviors vs reprimand statements for inappropriate behavior. In a positive classroom environment, praise statements should greatly outnumber reprimands. In fact, research has shown that simply by praising appropriate behaviors and ignoring inappropriate ones, teachers can make considerable changes in their student behaviors! A simple measure of a teacher's ratio of praise to reprimand statements is to observe the teacher over several representative times and to tally *praise* statements for appropriate social, academic, and other functional behaviors, and *reprimand* statements for incorrect or inappropriate

behaviors. (*Neutral* behaviors, such as, giving directions, offering assistance, other comments should be tallied separately.) Praise statements should always occur at least four times as frequently as reprimand statements. When reprimand rates are high, teachers should consider if students have opportunities for reinforcement of appropriate behaviors, understand the task expectations, or if the instruction has been designed to minimize student errors.

D. **Program Management and Environmental Design**: Key to the success of any classroom program is the organization of staff, materials, learning centers, and schedules. This subcomponent addresses each of these important areas. Note that this subcomponent is identical to Subcomponent E under Functional Curriculum and IEP Development. It is repeated here because it is at the foundation of *both* systematic instruction and functional curriculum.

1. **A schedule is displayed in the classroom.** The basis to any well-organized, effective instructional program is the presence of a detailed, daily schedule that lists activities for each student, staff assignments, and instructional settings. Moreover, this schedule should be visible/easily accessible to all staff and related service personnel who are working with the students. The data source for this measure is the presence of the daily classroom schedule clearly accessible to all staff. Individual components of the schedule is as follows:

   (a) **instructional groups for each activity.** Each activity should clearly state which students will participate in that activity. Moreover, the majority of a student's day should be spent in *group* instructional activities (as opposed to one-to-one staff:student instruction). There are times, clearly, when one-to-one instruction is appropriate, but the majority of a student's time needs to be spent in small and large groups (especially in groups including nonhandicapped students) to teach important social and interaction skills. The data source for this measure is the classroom schedule. The evaluator should 1) ascertain whether each activity indicates the students who will participate; and 2) determine whether the majority of each student's time is spent in small group (and some large group) instruction, including instruction with nonhandicapped peers.

   (b) **a staff person/tutor assigned to each group/activity.** The schedule should specify which staff person is responsible for each instructional group/activity. It is also important to rotate instructional assignments for each group/activity so that students have the opportunity to perform targeted skills in the presence of different instructors. The data source for this measure is again the written classroom schedule.

   (c) **the group or activity location is stated.** Each activity listed on the schedule should also include the school or community setting in which the instruction will occur. The data source is the classroom schedule.

2. **All students are scheduled each period or instructional/activity time.** This measure ensures that all students are assigned to appropriate activities throughout the school day (all students are accounted for and instructionally engaged in each period). The evaluator should carefully examine the schedule to insure that all students have planned functional activities during each instructional period. The data source for this measure is again the daily schedule.

3. **Students are given opportunities throughout their day to make choices.** Programs for students with moderate and severe handicaps are frequently structured to teach students to wait for teacher direction in all activities. However, the ability to be self-directed and to make appropriate choices throughout the day is both an important skill for all students and is often a strong motivator in enhancing student performance. Students need to ***learn*** to make choices, and these learning opportunities should occur throughout the school day. Student choices can include determining the activity itself (e.g., a freetime or recreation/leisure activity), materials for that activity (e.g., an art project, a cooking lesson), choosing friends (including nonhandicapped students) with whom to interact, and deciding where to sit at lunch, etc. Moreover, decision making should also include choices in more long-term areas, such as involvement in school extracurricular activities, and choosing preferred job areas for vocational training and placement. The data source for this item is teacher interview and classroom observation. In interviewing the teacher, the evaluator should ask: "What kinds of choices does ___ make routinely throughout the day?" or "What opportunities does ___ have to choose activities, or instructional materials, or students to interact with during the day?" In addition the evaluator should observe at least three instructional periods to determine to what extent classroom staff actually do include choice making within daily routines.

4. **The schedule follows the lunch and school schedule used by their same age peers.** In order to afford the opportunities for interactions with same age peers, it is important that students with disabilities be scheduled into the same school periods, including lunch and breaks, with these nonhandicapped students. To evaluate this measure, obtain a copy of the general school schedule, including class periods, lunch and breaks, and compare it with the classroom schedule for students with moderate and severe disabilities. Note that in order to be age-appropriate for each student in the class, it may be necessary for individual students to be scheduled for different grade-level regular class lunches and breaks. The data sources for this measure are the classroom schedule and the general school schedule.

5. **Activities are scheduled at naturally occurring times.** It is not only important that activities be functional and age-appropriate, but that instruction occur at the time the activity would normally happen. For example, students learning to order lunch in a fast food restaurant should go around noon, and not at 10:30 A.M. Students learning to use community recreation activities (video games, bowling) should do these activities when their same age peers are also there. While it may not be possible

to schedule all teaching activities at their naturally occurring times, the great majority (85 to 90%) of activities should be appropriately scheduled. The data source is the classroom schedule itself.

6. **Students use appropriate individualized schedules to anticipate activities, i.e., symbol shelf, picture or written schedule.** All students should have an individualized student schedule designed to reflect their daily schedule of activities. The ability to predict and to become more independent in following the daily routine is an important vocational, communication, and cognitive skill. For students who have sight word reading skills, a printed schedule is appropriate. For other students, a picture schedule or symbol shelf schedule may be more suitable. A symbol shelf uses real or miniature objects (e.g., a fork to represent lunch time, a ball to represent P.E.) placed on a partitioned shelf to represent the student's daily schedule, and is often of value to students with multiple disabilities, including severe cognitive and visual impairments, or deaf-blindness.

7. **The students actively participate in functional, age-appropriate activities in a variety of instructional groupings 80% of the school day (determined by examining student schedules, student data sheets, and through on-going staff observations).** There is considerable evidence that students with the most severe handicaps often spend a great portion of their day in passive, nonmeaningful activities (Downing, 1988). Yet, given these students' instructional needs, it is clear that instruction in age-appropriate, real-life tasks, with active student *participation* (i.e., observable student responses) is an absolute necessity for them. In order to calculate whether a student is actively engaged in functional activities across the school day, the evaluator should determine the total percentage of the school day that the student is *scheduled* for participation in functional (real-life) age-appropriate activities

$$\text{(use the formula: } \frac{\text{minutes actively engaged}}{\text{total minutes in school day}} \times 100\text{)}$$

and then observe at least three instructional periods throughout the day to determine if students actively participate in those scheduled activities. Student data sheets, indicating measurable responses, can be used to supplement the observations.

References

Downing, J. (1988). Active versus passive programming: A critique of IEP objectives for students with the most severe disabilities. *Journal of the Association for Persons with Severe Handicaps, 13,* 197-201.

Snell, M., & Zirpoli, T. (1987). Intervention strategies. In M. Snell (Ed.). *Systematic Instruction of Persons with Severe Handicaps.* Columbus, OH: Merrill.

COMPONENT IV:

COMMUNITY-BASED INSTRUCTION

COMPONENT IV: COMMUNITY-BASED INSTRUCTION

Students with moderate and severe handicaps clearly need extensive opportunities for performance of important skills in real-life environments, if they are to generalize the skills they learn in school to the 'real world' (Falvey, 1989; Wilcox & Bellamy, 1987; Brown et al, 1983). Indeed, without systematically planned, intensive community-based instruction, it is not likely that these students will obtain maximum independence in such areas as employment and related job skills, shopping, mobility and travel skills, banking, etc. Best practice suggests that community-based instruction increase in frequency as students become older - so that as the student approaches graduation, *nearly all* instruction occurs in the community environments in which the student will be expected to function after graduation.

Persons who review the implementation of this component should have a clear idea of what community-based instruction is and what it is not. Community-based instruction does not refer to class field trips to community sites, but rather is the *systematic, regular* instruction of *individual or small groups* of students (one to three) in carefully targeted activities. Instruction within these settings must be as precise and as carefully thought out as good classroom instruction. Objectives for community-based instruction should be clearly measurable, with an ongoing system for documenting student progress.

In reviewing a program's status on this component, there are a number of important issues:

(1) each student's community-based instructional objectives should be individualized, prioritized as a result of parent and student input, and clearly stated on the IEP itself;
(2) community-based instruction should increase significantly as students enter middle and then secondary school programs;
(3) adequate local district policies related to community-based instruction (e.g., staffing, transportation, emergency procedures) need to be developed prior to the implementation of CBI; (
4) all staff implementing community-based instruction should have received sufficient training in this area before implementation; and
(5) individual student community-based instructional programs should be adequately developed (including an ecological inventory, baseline analysis of student performance, and a clear data system for recording student progress).

Each of these areas within this component will be examined, in turn, with guidelines for evaluating their implementation, and specific data sources for obtaining necessary evaluation information.

A. **Community-based Activity/Goal Selection**: This subcomponent looks at developing IEP goals that reflect parent priorities, that are tied to the local community, that require performance in natural settings, and that include mobility training for students twelve years of age and older.

1. **A parent interview is used to determine parent priorities.** There are a number of parent interview formats available for determining parent preferences for instruction, and long-term expectations that parents hold for their son/daughter (see Falvey, 1989; Hudson, 1990). Essentially, the teacher should

maintain a record of parent responses concerning their instructional preferences (activity areas/skills they consider most critical), current levels of student participation in daily family routines, and the family's long term expectations and goals for their son/daughter. Without an understanding of these priorities, it is impossible for the teacher to design an educational program that will truly meet the student's and family's needs. The data source should be the written record of the parent/family interview.

2. **A local catalog process is used to determine functional, age-appropriate instructional activities.** A local catalog is a listing of activities available in the local school and community that are typically engaged in by the student's nonhandicapped peers (this listing should include activities from the domestic, school/community, vocational, and recreation/leisure domains). In developing a local catalog, the teacher should adapt an age-appropriate local catalog to his/her own school/community. On the basis of the parent interview, the teacher and family should prioritize activities from the catalog for possible instruction. The catalog then becomes the vehicle for prioritizing the most important instructional goals.

   Excellent model catalogs are available from Wilcox and Bellamy (1987), *The Activities Catalog: An Alternate Curriculum for Youth and Adults with Severe Disabilities*, from the Kentucky Systems Change Project for Students With Severe Handicaps document, *Model Local Catalogs and Curriculum Process for Students with Moderate and Severe Handicaps* (Kleinert and Hudson, Eds.,1990), and from the "Scope and Sequence Chart" of the *Syracuse Community-Referenced Curriculum Guide for Students with Moderate and Severe Disabilities* (Ford et al. 1989).

   The data source for this item is the presence of a written local catalog filled out for each student with instructional priorities clearly marked.

3. **Objectives for each community-based activity are included in the IEP.** Within the IEP itself should be clearly written, measurable short-term objectives that target skill acquisition, maintenance, and generalization in natural settings (i.e., the settings in which the skills will have to be performed in 'real life'). The data source for this item is the IEP itself, with at least one short-term objective specified for each regularly scheduled community-based activity.

4. **Objectives are included in the student's IEP that address mobility and travel training for students 12 and older.** This item refers to the specific presence of objective(s) that address community travel skills critical to the student's independent functioning. Examples include street crossing and pedestrian safety skills, using public transportation (if available), wheelchair mobility in the community (negotiating curbs, ramps, doorways, etc.). The reader is referred to the Kentucky Systems Change Project for Students With Severe Handicaps *Model Local Catalogs and Curriculum Process for Students With Severe Handicaps* (Kleinert and Hudson, Eds., 1990) for additional examples of objectives in this area. The data source for this

item is the IEP itself.

B. **Frequency of Community-based Instruction:** This subcomponent compares the actual amount of time students spend in community-based instruction with standards developed through a compilation of best practices available nationally. While these standards are fairly demanding (especially at the secondary level), they are achievable with sufficient administrative support. Indeed, several programs in Kentucky have realized these levels of community-based instruction.

This standard is broken into five different age ranges. Note that for the 5 through 8 age-level and the 9-12 age level, the frequencies are stated in the *number of times each week* the student engages in CBI. For the older age levels, frequency is stated in *actual hours per week* in CBI. Measures are stated in this fashion to reflect the increasing amount of time that students will need to spend in community-based instruction as they progress in their school careers.

Travel time to and from community-based instruction may be included in determining the amount of time in CBI if the student(s) are engaged in *mobility training* while in route to CBI sites. Care should be taken, of course, to clearly delineate field trip activities from community-based instruction, and to not count field trips as CBI time. The data source for this item is the teacher's typical weekly schedule. The user should attempt to determine if these opportunities are occurring as scheduled.

C. **Community-based Instruction Implementation:** This subcomponent deals with a variety of important implementation issues, including CBI policies, staff training, the development of individual student programs, and ongoing collection of student progress data.

1. **A community-based instruction policies/procedures manual has been developed.** This item refers to the existence of written policies governing the conducting of CBI. These policies should cover staffing and supervision, liability and student insurance coverage, transportation policies, and emergency procedures. The data source for this item is a handbook or manual with local district policies specified in these areas. For an example of a local district CBI policy and procedures manual, the reader is referred to the *Somerset Independent Schools Community-Based Policies and Procedures Manual,* available either through the Kentucky Systems Change Project for Students With Severe Handicaps or the Kentucky Office of Education for Exceptional Children.

2. **Staff training for each specific CBI program is documented for all persons conducting CBI.** For each CBI program that a teacher, aide, or related service person will implement, that person should have received training in the actual implementation of that program, and the data system to be used. For example, for paraprofessionals who will implement community-based programs, the paraprofessional should first observe the teacher conducting the program, and then conduct the program in the presence of the teacher before conducting CBI training him/herself. The data source for this item is a written record or log maintained by the teacher that documents training for each

staff member conducting specific CBI programs.

3. **Ecological inventory developed for each CBI program.** An ecological inventory is a complete task analysis of the activity developed by the teacher before beginning instruction. The teacher should visit the CBI site, record the steps necessary to complete the activity (task analysis), as well as the natural cues and "correction procedures" that occur in the natural setting. For example, the natural cue for a student to give his/her order at a fast food restaurant is the cashier stating "Can I help you?" or "What's your order?" or "Welcome to Hardees". A natural correction procedure for not inserting sufficient money into a vending machine is receiving no item, or even losing one's money. In addition, the teacher should list any critical performance criteria for each of the steps. For example, while learning to cross at stoplights, it is important that the student not wait 30 seconds after the WALK light appears before stepping off the curb! The data source for this item is the presence of a written ecological inventory for each CBI program. For more information on developing ecological inventories, the reader is referred to Falvey (1989). The data source for this measure is the presence of an ecological inventory completed for each activity scheduled.

4. **Student repertoire inventory in place for each student.** A student repertoire inventory is simply an initial baseline or pretest of student performance measured against the steps of the ecological inventory for that activity as described above. In addition to recording the student's performance on each step of the inventory, the teacher should also describe in what way(s) the student failed to perform a step correctly, as well as develop an "adaptation hypothesis" or "what-to-do option" for each step that was performed incorrectly. Again the reader is referred to Falvey (1989) for a more complete description of this process. The data source for this measure is the presence of a student repertoire inventory for each of the community-based instructional programs developed for the student.

5. **Individual adaptations developed as needed for each student.** The basis for developing adaptations for increasing students' participation should be the student repertoire inventory described in step 4. Adaptations can include changing the typical steps for completing an activity, providing personal assistance to the student, or developing a material adaptation (e.g., picture cards for ordering in a restaurant). Adaptations should always be individualized, age-appropriate, and result in increased participation. The data source for this measure is the presence of age-appropriate adaptations for student participation in community-based activities, as indicated by the student repertoire inventory (step 4) and if possible, observation of school/community activities.

6. **Community-based instruction occurs within individual or small groups (no more than three students in a small group).** It is essential that community-based instruction be differentiated from large-group field trips. Students cannot learn to be independent (i.e., perform without assistance) on important activities within the context of large group instruction. Thus community-based instruction should occur in

groups of no more than three students. More than three students can receive community-based instruction together *only* if: 1) the students "split up" into smaller groups upon arrival at the training site and each of these smaller groups is supervised by a *separate* staff person; and 2) the site can accommodate more than three students (e.g., a shopping center with several stores) without violating the "natural proportion" of persons with handicaps to persons without handicaps in that environment. "Overloading" community sites results in both nonhandicapped persons' forming stereotyped perceptions of students with handicaps and in less opportunities for students to learn critical community skills on an individual basis. The data source for this measure is the teacher's daily/weekly schedule.

7. **Appropriate data is collected on all CBI programs currently being implemented.** Without systematically collected data, it is not possible to document student progress and areas of programming concerns. Data, directly based on the ecological and student repertoire inventories, should be taken for *every session* for all community-based instructional activities. The data source for this measure is the presence of detailed data sheets/cards for each CBI activity in which the student is engaged.

8. **Vocational training for students 14 and older is regularly scheduled.** In order to prepare students with moderate and severe handicaps to work in supported, integrated community sites, it is essential that direct vocational training in real-life settings start several years before the completion of schooling. Without this longitudinal preparation, students with moderate and severe handicaps will not have the experiences and the skills necessary to make realistic choices and to succeed in their job preferences. Formal vocational training (including placement in community job training sites) should start by age 14. The data source for this measure is the weekly classroom schedule - indicating community job training on at least a weekly basis for all students age 14 and older.

D. **Emergency Community-Based Procedures.** It is critical that districts have in place emergency procedures for community-based instruction. While careful planning and supervision greatly lessens the likelihood of accidents in community training, all staff should be trained on precisely what to do should an accident ever occur. The following measures address this issue:

1. **District/school emergency procedures are in writing.** Specific procedures, written in a policy and procedures manual, should include procedures for: 1) student injuries and illness; 2) seizures; and 3) lost students. Responsibilities for each staff person should be delineated in these procedures. The data source for this measure is the written procedures for the school or district.

2. **Staff training in emergency procedures is documented for all persons conducting CBI.** All persons conducting CBI should have received a specific inservice on the above emergency procedures. The data source for this measure is written documentation for the inservice.

3. **Minimum emergency precautions are taken by individuals implementing CBI (i.e., students carry ID cards, staff carries student emergency cards and a first aid kit).** The data source for this measure is as follows: a) presence of a student ID card carried by each student on all CBI activities; b) copies of student emergency cards carried by the teaching staff on all CBI training activities; and c) the presence of a CBI first aid kit.

References

Brown, L., Nisbet, J., Ford, A., Sweet, M., Shiraga, B., York, Jennifer, & Loomis, R. (1983). The critical need for nonschool instruction in educational programs for severely handicapped students. *Journal of the Association for the Severely Handicapped, 8*(3), 71-78.

Falvey, M. (1989). *Community-based curriculum: Instructional strategies for students with severe handicaps (2nd Ed.).* Baltimore: Paul Brookes.

Ford, A., Schnorr, R., Meyer, L, Davern, L., Black, J., & Dempsey, P. *The Syracuse community-referenced curriculum guide for students with moderate and severe disabilities.* Baltimore: Paul Brookes.

Hudson, M. (1990). *Selecting IEP Activities For Students With Severe Handicaps.* Lexington: Kentucky Systems Change Project for Students with Severe Handicaps, Interdisciplinary Human Development Institute, University of Kentucky.

Kleinert, H. & Hudson, M. (Eds) (1989). *Model Catalogs and Curriculum Process for Students with Moderate and Severe Handicaps.* Lexington: Kentucky Systems Change Project for Students with Severe Handicaps, Interdisciplinary Human Development Institute, University of Kentucky.

Somerset City Schools Community-Based Instruction Policy and Procedures Manual. Available from the Kentucky Department of Education, Office of Exceptional Children, Frankfort, KY.

Wilcox, B., & Bellamy, G. (1987). *The activities catalog: An alternative curriculum for youth and adults with severe disabilities.* Baltimore: Paul Brookes.

COMPONENT V:

TRANSDISCIPLINARY SERVICES AND INTEGRATED THERAPY

COMPONENT V: TRANSDISCIPLINARY SERVICES AND INTEGRATED THERAPY

Students with the most severe and multiple disabilities primarily have one thing in common: They require persons from various disciplines to design appropriate instructional strategies to implement optimal educational programs. Because of their multiple and complex needs, they benefit from a team approach to assessment, program planning and service delivery.

According to PL 94-142, related services are those services other than special education services that "...are required to assist a handicapped child to benefit from special education...". Therefore, the focus of related services should be to assist students to attain the functional age-appropriate educational goals on their IEP.

This component emphasizes transdisciplinary teaming and integrated therapy. Transdisciplinary teaming is a teaching-learning process where consultation with other team members and role release are key factors. It is not another name for multidisciplinary or interdisciplinary, but a distinctly different service delivery model. For a discussion of different team models and additional information on strategies for implementing transdisciplinary services and integrated therapy, consult *Integrating Related Services into Programs for Students with Severe and Multiple Handicaps* (Smith, 1990), Rainforth and York (1987), Orlove and Sobsey (1987), and Campbell (1987).

Component V examines in detail the quality indicators or standards required in the delivery of transdisciplinary services and integrated therapy. This component is divided into the following sections:

a) block scheduling,
b) assessment,
c) embedded related services objectives,
d) integrated service delivery,
e) integration of adaptations,
f) consultation, training and role release,
g) information exchange and team meetings, and
h) implementation issues.

The information in this component builds upon much of the information in Component II: Implementation of a Functional Curriculum and IEP Development. Component II should be in place prior to implementing Component V or these two components may be implemented simultaneously.

A. **Block scheduling.** This component evaluates whether or not a classroom is using a block scheduling approach to schedule related services personnel. Traditional methods of scheduling therapy services involve scheduling several short sessions per week. When block scheduling is used, therapists collapse their short sessions into less frequent and larger blocks of time to allow for working with students in the context of daily activities and to consult with other team members. For example, instead of seeing a student for 30 minutes two times a week, the therapist could block schedule this time into one weekly session of 60 minutes. Additionally, if the same therapist was seeing three children in the same class and block scheduled all their sessions, the therapist would have a three hour block of time each week for those students. This allows more flexibility to work with students in various daily activities and consult with the teacher and other team members. Block scheduling

also reduces travel time between schools and districts. Consult Rainforth and York (1987) for additional examples of block scheduling and the activities that could occur during this time.

1. **Appropriate related services are available to students.** This component assesses whether or not the types of related services are available to meet students' needs within a class/unit or district. If there are students who have limited or no use of their hands for daily activities and self-care routines, occupational therapy services are needed. If there are students who cannot communicate orally with a variety of persons across activities, speech-language services are needed. If there are students who have poor motor control, and positioning and mobility needs, physical therapy services are needed. The optimal situation is for these services to be provided by district employees. However, most districts contract for at least some of these services.

2. **Physical therapist uses block scheduling.** The data source for this indicator is the physical therapist's schedule for their caseload. The therapist's time should be blocked for each student on the caseload as well as for all students receiving services within a particular class/unit and/or building.

3. **Occupational therapist uses block scheduling.** The data source for this indicator is the occupational therapist's schedule for their caseload. The criteria for this indicator is the same as A.2 above.

4. **Speech-language pathologist uses block scheduling.** The data source for this indicator is the speech-language pathologist's schedule for their caseload. The criteria for this indicator is the same as A.2 above.

5. **Team members' schedules overlap once each month to allow for team problem solving.** Team problem solving is critical in the provision of transdisciplinary services and integrated therapy. Therapists' and teachers' schedules should allow for a least one time each month when all team members can be available at the same time. This allows for team assessment and problem solving on such issues as augmentative communication, mobility, and adaptations needed for a variety of functional activities. Some districts are scheduling this teaming time once a month for each TMH and S/PH class/unit in which it is needed. This is the optimal arrangement. Other districts are scheduling their therapists together once each month, then rotating the teaming time across their TMH and S/PH classes to work with student issues. This schedule allows for each class/unit to have the team available to them at least quarterly. Quarterly team meetings for each class/unit is the minimum criteria for this indicator. Quarterly team meetings are acceptable *only* if the indicators in section G are in place.

B. **Assessment (Programming).** This section deals with assessment for the purpose of program planning (e.g. IEP development, teaching strategies and adaptations). There are two basic ways that assessments for programming purposes can be conducted to ensure input from team members into an overall set of functional activity-

based goals: 1) each team member is designated specific assessments to conduct, or 2) the classroom teacher conducts all assessments and obtains input from other team members when needed. Both of these approaches rely on the use of ecological assessments as described in Component II, section C. When the ecological approach is used, the student repertoire inventory generates the information to be shared with other team members and is the context in which intervention strategies and adaptations are generated. This is the type of input needed from team members for program planning purposes.

1. **Assessments are planned in advance by the entire team based on age-appropriate activities targeted for instruction.** Team members review the list of priority activities targeted for instruction as determined by the processes described in Component II, sections A and B. The team plans the assessment of these activities and designates who conducts the assessment, where and when the assessment will occur, and who will be involved in the assessment. To conduct the assessment, the designated assessor should prepare a list of the steps involved in the activity (task analysis or script) and be prepared to conduct a student repertoire inventory of the student's performance of the steps.

2. **Physical therapist conducts assessments in natural settings and functional activities.** From the assessment planning described above in B.1, the physical therapist conducts assessments of functional activities in "real world" situations where needed skills will be used.

3. **Occupational therapist conducts assessments in natural settings and functional activities.** From the assessment planning described above in B.1, the occupational therapist conducts assessments of functional activities in "real world" situations where needed skills will be used.

4. **Speech-language pathologist conducts assessments in natural settings and functional activities.** From the assessment planning described above in B.1, the speech-language pathologist conducts assessments of functional activities in "real world" situations where needed skills will be used.

C. **Embedded Related Services Objectives.** Objectives targeted for instruction by related services personnel should be embedded or infused into functional, activity-based objectives and taught in context. Related services objective are usually basic skills in the areas of motor, sensory, and communication that are required across most activities. Embedding these basic skills can be accomplished in one of two ways or a combination of these: 1) the local catalog approach focusing on skill clusters needed in age-appropriate, functional activities as described in Component II, section A and 2) an embedded skills approach using activity-oriented programming as described in *Kentucky Programs for Students with Severe Handicaps Including Deaf-Blindness* a support document available from the Kentucky Department of Education, Office of Education for Exceptional Children.

The *local catalog* approach produces an IEP document written by the whole team that revolves around functional activities in four

domains: domestic, community/school, recreation/leisure and vocational (see Component II). IEP objectives are *not* written separately by each team member or discipline and then stapled together. Using a local catalog and functional skills approach, basic skills are automatically embedded into activity-based objectives and subsequently taught in the context of functional activities in natural settings.

In the second approach, *activity-oriented programming* is used to embed basic skill instruction. In this method, basic skill objectives are determined by each team member. Next, decisions are made by the team (in conjunction with the parents) regarding the functional age-appropriate contexts (activities) and settings in which instruction on these basic skills will occur. The IEP then focuses on basic skills in the domains of motor, sensory, cognitive/functional academics, self-care and communication with details *in writing* about the contexts and settings across the day in which instruction in these basic skills will occur.

1. **IEP objectives are planned by all disciplines in a team meeting.** Team meetings are held to discuss the results of assessments as conducted using the methods described in section B and to plan IEP objectives for each student. All team members involved with each student are present for this meeting. The IEP is outlined at this time. The data sources for this indicator may include an outlining form (see Smith, 1990) completed in the team meeting for each student and/or the students' IEP. If the team has planned the IEP using one of the approaches described above, the objectives that address basic skills should specify the activities and settings in which instruction and performance of these basic skills will occur.

2. **Physical therapy objectives are embedded into activity-based goals and taught in natural settings.** Basic motor skills, including positioning and mobility as determined by the physical therapist, should be embedded into the context of functional, activity-based goals and specify instruction of these in "the real world". The data source for this is the IEP. There should *not* be a separate section in the IEP that lists physical therapy objectives.

3. **Occupational therapy objectives are embedded into activity-based goals and taught in natural settings.** Basic skills related to hand function, eating and drinking, and daily living skills as determined by the occupational therapist should be embedded into the context of functional, activity-based goals and specify instruction of these in "the real world". The data source for this is the IEP. There should *not* be a separate section in the IEP that lists occupational therapy objectives.

4. **Speech therapy objectives are embedded into activity-based goals and taught in natural settings.** Basic skills related to communication as determined by the speech-language pathologist should be embedded into the context of functional, activity-based goals and specify instruction of these in "the real world". The data source for this is the IEP. There should *not* be a separate section in the IEP that lists speech-language objectives.

5. **Other related services objectives and procedures are documented on the IEP.** Other related services objectives may include adapted physical education, nursing services or medically related procedures, and others (orientation and mobility training, etc.). These should also be documented on the IEP and when possible embedded into functional activities and natural settings. It is critical that medical procedures such as tube feeding, catheterization, and suctioning be documented on the IEP. School personnel who perform these procedures must be trained to do so by a qualified medical personnel (see section G for more information on training and documentation and Smith, 1990).

D. **Integrated Service Delivery.** The type, extent and duration of related services is determined by the school-based admissions and release committee. This decision should be based on individual student's needs as indicated on the student's IEP. The focus of related services should be to assist the student to attain IEP goals and objectives. No blanket district policy should exist (written or otherwise) that determines the type, extent or duration of services for all students. *The integrated therapy approach incorporates a consultation model, but does not eliminate a direct service delivery model or a combination of these two if the student requires them.*

1. **Type, extent and duration of related services are determined by IEP goals and objectives.** The main point here is that no predetermined policy exists to determine the type or amount of services delivered. Consultation services will always be needed in an educational setting. However, many students may require direct services ("hands on", face-to-face contact with the student) or a combination of these two. This decision should be based on the needs of the student as indicated in IEP goals and objectives. It is impractical, if not impossible, to review all the IEPs in a school district and determine if the appropriate types of services are being delivered. However, the IEPs of students within a class (and across the classes) should reflect a variety of service delivery configurations and extent of services. This would indicate that these decisions were made based on the needs of individual students.

2. **Consultation services are provided in natural settings and focus on functional outcomes.** Consultation services should be provided in natural contexts and real-life situations, including community-based instruction and instruction in integrated settings. The focus of consultation should be on the functional age-appropriate goals in the four domains as described in the IEP. The data source for this is a record of consultations maintained by the therapist and on file in the classroom.

3. **Direct services are provided in natural settings and focus on functional outcomes.** Direct services ("hands on" face-to-face contact with the student) should be provided in natural contexts and real-life situations. The focus of direct services should be on the functional age-appropriate goals in the four domains as described in the IEP. The data source for this indicator is the same as D.2 above.

4. **Both consultative and direct services are documented for each scheduled visit/session.** All related services personnel should maintain a record of services provided each visit/session. This should include the type of service provided (direct or consultative) and the focus of the visit/session. This record should be on file in the classroom and should be included in the student's cumulative records. An example of a form for documenting services is contained in *Integrating Related Services into Educational Programs for Students with Severe and Multiple Handicaps* (Smith, 1990).

E. **Integrated Adaptations.** A natural outgrowth of transdisciplinary teaming and integrated therapy is adaptations and specialized intervention strategies being used with students in a variety of activities and settings. All students will not require adaptations in all the areas listed below. However, many students will require at least one of these and students with severe physical or multiple disabilities will probably require adaptations in many of the areas listed. Evaluation in this area is both subjective and objective. Observation is helpful, however it cannot serve as the sole data source for these indicators. *If adaptations are in place, they should be noted on each student's integrated therapy planning matrix and/or their instructional programs. These are the data sources unless indicated otherwise.* If the adaptations are not planned and documented, no credit is recorded for the indicator.

1. **Positions (equipment), positioning and postural control.** This indicator refers to the use of positioning and related equipment in the context of functional activities throughout the day. Students are not placed in a piece of positioning equipment to be *removed* from activities. The positions and positioning equipment are integrated or infused into the activities in which they are appropriate.

2. **Transitions: mobility and travel.** This indicator refers to transitional activities that involve mobility and travel from one activity or setting to another. Students' participation in targeted transitions should be specific and be documented in one of the two data sources described above. This documentation should also describe any mobility equipment or assistive devices needed. If an objective is contained on the IEP that relates to mobility, it should state the settings and activities in which this will occur.

3. **Transitions: lifting, carrying and transfers.** This indicator refers to transitional activities that involve moving from one position to another. Moving from one position to another may involve lifting and/or carrying the student, or assisting him/her with transfers. Again, students' participation in transitions from one position to another should be specific and be documented in one of the two data sources described above. This documentation should also describe any mobility equipment or assistive devices needed. If a mobility objective is contained in the IEP, it should state the settings and activities in which this will occur.

4. **Handling: physical guidance and tone and/or sensory normalization.** This indicator refers to specific handling techniques that may be required for some students who have motor disabilities (e.g. cerebral palsy). Handling techniques may be needed to physically assist a student to perform a movement such as reaching or grasping. Other students may require special handling techniques to "normalize" muscle tone or sensory input. These should not be viewed as "exercises" or procedures that require removing the student from scheduled activities, but as techniques that are used within functional activities to facilitate optimal motor functioning for students.

5. **Oral motor and feeding techniques.** This indicator refers to oral motor and feeding techniques that may be needed to promote optimal oral motor functioning for eating and drinking. They may include techniques to facilitate jaw control, lip closure, chewing, and swallowing. Oral motor techniques may also include specific placement or textures of foods, and use of adapted cups or utensils.

6. **Environmental adaptations and accessibility.** This indicator refers to adaptations in the environment needed to access instructional materials or settings. This includes making instructional areas accessible and dealing with concerns related to ramps, curbs, entrances, doorways, restrooms, and others. The data source for this indicator is direct observation of instructional areas and/or an interview with the teacher.

7. **Assistive devices: communication.** This indicator refers to the use of assistive devices to facilitate functional communication: both spoken and written. These devices may include communication boards, booklets, eye-gaze frames, and electronic communication devices. Written communication devices include large pencils, pencil holders, felt or magnetic boards, and typewriters and microcomputers which may require pointers (hand-held or head pointers) to access. Two sources of data for this indicator are observation of students using the devices across a variety of settings and/or instructional programs that document the use of these.

8. **Assistive devices: self-care.** This indicator refers to the use of assistive devices in self-care activities. These may include adaptations to promote participation in eating/drinking, toileting, bathing, dressing, and grooming.

9. **Assistive devices: functional activities.** This indicator refers to the use of assistive devices to promote participation in functional activities in domestic, community/school, recreation/leisure, and vocational domains. These may include teacher made adaptations and the use of adapted switches with automated learning devices. Such adaptations may include using a control unit to operate electrical appliances to participate in cooking or housekeeping activities or battery adapters to operate battery operated toys and recreation/leisure devices. Students who have poor use of their hands will need some of these adaptations.

10. **Assistive devices: microcomputer access.** This indicator refers to the use of assistive devices to access microcomputers to develop academic/cognitive, communication, recreation/leisure, and vocational skills. These may include pointers to allow students to use the keyboard, expanded or miniature keyboards, adapted switches, touch windows, and others.

F. **Consultation, training and role release.** Consultation, training, and role release should be well planned and documented. Role release refers to systematic teaching and learning across traditional disciplinary lines (Lyon & Lyon, 1980). Tasks traditionally performed by one discipline (e.g. physical therapy) can be delegated under supervision to other team members only if appropriate training has occurred. When it has been determined that a newly trained team member can consistently perform the task correctly, then that task or role is released to that person by the discipline or person who conducted the training. This becomes critical especially when medically related procedures are required.

1. **Consultation is planned, documented and focuses on functional outcomes for students.** Consultation should have a purpose, planned activities, and targeted outcomes or goals for individual students. Each consultation should be planned with pertinent team members in advance so that all persons involved know what activities will occur and in what settings. This is not a time to "hand over" the student and the teacher should play an active role in consultation and view this time as well spent. The data source for this indicator is the record of services provided each visit/session as documented by related services personnel. This record should be on file in the classroom and should be included in the student's cumulative records. An example of a form for documenting consultation services is contained in Integrating Related Services into Educational Programs for Students with Severe and Multiple Handicaps (Smith, 1990).

2. **Training and role release for special techniques and procedures are systematic and documented.** This indicator refers to the documentation of training provided by a qualified person that is necessary *before* role release can occur. The documentation should include a description of the procedure (task analysis or steps) as described by a qualified person. A qualified person is defined as the person who trained or would train the parent to perform the procedure (usually a therapist or a physician or nurse in the case of specialized medical procedures). Training should be documented and include demonstration, observation, and feedback. When the trainee has reached criterion (can complete the task independently), the role is released by the trainer. Subsequent to role release, follow-up is documented to insure that consistency and accuracy is maintained in performing the procedure. A form for documenting role release is contained in *Integrating Related Services into Educational Programs for Students with Severe and Multiple Handicaps* (Smith, 1990).

3. **Consultation and training is provided to parents/caregivers.** Training should be provided to parents when needed to ensure carry over into the home setting. This

training, when needed, should be documented and included in the student's cumulative record.

4. **Medical procedures including first aid, seizures, administering medication, etc. are documented and staff training is documented.** All medical procedures administered including first aid, handling seizures, and administering medication should be documented for each student. Educational staff should receive training in these areas also. First aid training may be provided by the Red Cross or certified personnel from other agencies. See Smith (1990) for additional information on documenting special health care procedures.

G. **Information exchange and team meetings.** Critical to the implementation of transdisciplinary teaming and integrated therapy is establishing a communication system among team members. This may take the form of written communication and/or team meetings to review students' progress and make necessary changes in instructional programs.

1. **System is used for on-going written communication among all team members.** On-going written communication is necessary to inform team members of students' progress and needs across functional activities and settings. Team members who do not meet face-to-face on a regular basis need a method to communicate with each other when questions and concerns arise. Two data sources may be used for this indicator. First, the related services notes that are kept on file can be reviewed by all team members so they will be aware of what other team members are working on with the student (see section F.1). Second, team members can establish "mailboxes" in the classroom to facilitate communication among team members who do not meet together on a regular basis (see Smith, 1990).

2. **Progress on basic skills/related services objectives are reviewed monthly by team members responsible for each objective.** Team members should review instructional programs related to their areas of expertise for each student at least monthly. If this is done in a team meeting, the data source is the minutes or notes from the meeting. If this is not done in a team meeting and team members review instructional programs during their regularly scheduled block, their related services notes/record may serve as the data source.

3. **Progress on all IEP goals are reviewed at least annually in a team meeting prior to the IEP meeting.** A team meeting should be held prior to developing a new IEP. At this time progress made on objectives in the current IEP can be reviewed. During this meeting, the team can plan the assessments that should be conducted prior to developing the new IEP (see section B.1, assessment planning). The data sources for this indicator are the IEP and minutes or notes from the team meeting.

H. **Implementation issues.** Implementing transdisciplinary teaming and integrated therapy is an evolutionary process and takes time. Most administrators and team members will have limited knowledge of and experience with this approach. The following indicators are intended to facilitate the removal of barriers to implementation,

and build team consensus and support.

1. **Policy statement is developed by the team for district regarding transdisciplinary teaming and integrated therapy.** A policy statement should be developed regarding the role of related services that emphasizes transdisciplinary teaming and integrated therapy. The concepts presented in sections A through G above should be included. This activity serves two purposes: 1) defines how services will be delivered so everyone is operating within the same model, and 2) provides inservice training for team members to gain knowledge about the process.

2. **Areas of expertise for team members is documented.** Areas of expertise for team members within a team should be determined, documented, and shared with all team members. The data source for this indicator is simply a list of each team member's specialty areas (including the teacher's). This is used to route team members to persons on the team who may assist them with specific concerns when they arise.

3. **Inservice training needs of team members are determined and obtained.** This indicator is an extension of H.2 above. Documenting team members' areas of expertise also pinpoints missing areas of expertise within the team. Subsequently, selected team members can be designated to obtain additional training or inservice, and/or additional consultants can be added to the team.

4. **Procedures for team communication and team meetings are developed and documented.** This indicator refers to the development of a policy statement as previously described in H.1. The policy statement should describe 1) how and when on-going team communication will occur, and 2) when team meetings will occur and how they will be conducted (refer to section G).

5. **Roles of team members are developed and documented.** The data sources for this indicator are the written policy statement about transdisciplinary teaming and integrated therapy and written job descriptions for all team members. This information should be shared with all team members.

References

Campbell, P. H. (1987). The integrated programming team: An approach for coordinating professionals of various disciplines in programs for students with severe and multiple handicaps. *Journal of the Association of Persons with Severe Handicaps.* 12(2), 107-116.

Kentucky Department of Education, Office of Education for Exceptional Children. *Support document: Kentucky programs for students with severe handicaps, including deaf-blindness.* Frankfort, KY.

Lyon, S., & Lyon, G. (1980). Team functioning and staff development: A role release approach to providing integrated educational services for severely handicapped students. *Journal of the Association for Persons with Severe Handicaps,* 5(3), 250-263.

Orelove, F., & Sobsey, D. (1987). *Educating children with multiple disabilities: A transdisciplinary approach.* Baltimore: Paul Brookes.

Rainforth & York (1987). Integrating related services into community instruction. *Journal of the Association for Persons with Severe Handicaps,* 12(3), 190-198.

Smith, P. D. (1990). *Integrating related services into programs for students with severe and multiple handicaps.* Lexington: Kentucky Systems Change Project for Students with Severe Handicaps, Interdisciplinary Human Development Institute, University of Kentucky.

Smith, P. D. (1990). *Services for children with special health care needs: Guidelines for local school districts.* Unpublished manuscript, University of Kentucky, Interdisciplinary Human Development Institute, Lexington.

COMPONENT VI:

VOCATIONAL INSTRUCTION AND

TRANSITION PLANS

COMPONENT VI: VOCATIONAL INSTRUCTION AND TRANSITION PLANS

If students with moderate and severe handicaps are to achieve optimal levels of community employment and independent living, extensive vocational and other community-referenced instruction must be provided. This also entails the development of an Individual Transition Plan prior to the student's exiting school that coordinates school and adult services across all four life domains . (Falvey, 1989; Wilcox & Bellamy, 1987; Ford, Schnorr, Meyer, Davern, Black, & Dempsey, 1989). All vocational evaluation and training activities should involve the performance of 'real work' (i.e., work someone else would have to perform if the student did not do it) vs. simulated 'pre-vocational' tasks (i.e., assembling nuts and bolts, etc.). Moreover, while some students interests/preferences may be gauged to some degree by traditional vocational assessment, students with moderate and severe handicaps benefit most from *situational* assessments in real work settings. Component VI examines in detail the quality indicators or standards required in this important area. This component is divided into the following sections: a) vocational training; b) transition planning; c) development of a formal transition plan; and d) components of the formal transition plan.

A. **Vocational instruction.** This component evaluates the *amount* and *quality* of community-based instruction that a student receives (measured in number of scheduled times or hours per week) and the quality of the IEP objectives that address vocational training.

1. **Students 12-13: vocational instruction occurs outside the classroom at least three times per week.** For purposes of this item, middle school age students are defined as students ages 12 - 13. To meet this criterion, vocational instruction for this age group must occur outside the special education classroom (i.e., in other school or campus settings). For example, any of the following may be appropriate school-based vocational training activities: library or office aide, working in the cafeteria, filling vending machines, audio visual aide for the school, etc. In developing school-based work stations, it is important that students perform *high status* school jobs (i.e., school tasks typically given to nonhandicapped, same age students, or tasks that nonhandicapped students would value or enjoy doing). The data source for this measure is the weekly classroom schedule. Each student aged 12 through 13 should receive at least three opportunities per week for structured vocational training outside of the special education classroom. As with other measures, the user should attempt to ascertain if this training is provided as scheduled.

2. **Students 14-16: community-based vocational training occurs a minimum of 5 hours per week.** For students in this age range and older, this measure involves community-based vocational training only. For students in the 14-16 age range, the standard is at least 5 hours per week of community-based vocational training; school-based jobs cannot be counted. The data source for this measure is the teacher's weekly classroom schedule. Again, the observer should attempt to ascertain if the training is provided as scheduled. It is important to note that training sites should be chosen very carefully to teach needed job

competencies and not to merely "practice" skills already learned. Moreover, when students are receiving training in non-paid training sites, the teacher must be very conscientious in moving students to new training sites as soon as training criteria are achieved in the first site(s). Failure to do so would result in a violation of U.S. Department of Labor Regulations concerning the use of non-paid vocational training and would be an abuse of student labor.

Finally, sites should be chosen that highlight students' competencies (job settings that nonhandicapped young adults would also value), that provide the opportunity for training in meaningful work, and that present, whenever possible, frequent opportunities for interactions with nonhandicapped members of the community (fellow employees, customers). Opportunities for interactions with nonhandicapped persons is a critical part of community vocational training. The development of job-related social and interaction skills is highly related to long-term job success. Preference for integration purposes is also given to *individual* placements versus training of a group of persons with handicaps to work together at a single site (e.g., enclaves or work crews).

3. **Students 17-21: community-based vocational training occurs a minimum of 10 hours per week.** As students approach this age, a good vocational profile should emerge, revealing student vocational strengths and preferences. Such vocational profiles for students with moderate to severe handicaps should serve as guides for matching an individual to an appropriate job and is not intended to systematically exclude a person from a certain pursuit. The profile should reflect situational assessment and, as needed, the use of creative adaptations, e.g., use of pictorial versus written directions, which allow a person to perform tasks successfully without having to meet typical job prerequisites.

   As high school graduation nears, the amount of time the student spends on the job should increase. For many students this results in their being on the job five days a week by the time they are ready to exit to post-school settings. This allows the last year in school to resemble, as much as possible, the first year out of school. In this way, the variety of problems and issues that might lead to job loss can be resolved while school supports and resources are available.

4. **Annual IEP objectives sample different job clusters.** This measure evaluates community-based vocational training objectives for students ages 14-21. For these students, the IEP should list specific training objectives over at least two different job clusters (e.g., fast food, office filing or clerical tasks, grocery stocking, photocopying, maintenance and groundskeeping, etc.) per year until such time that the most desirable job match is achieved. It can be that a student is evaluated and placed in a specific job for wages during their junior or senior year, and this job is expected to be the vocational pursuit to be maintained after exiting school. The data source for this measure is the IEP itself. Within the IEP, vocational training goals should be specific short-term objectives

that address job skills within at least two separate job clusters during each school year. The exception may be whenever the student is placed in a specific job for wages during their last year of school that is expected to be maintained after exiting school. In addition, students' actual instruction in community settings should reflect this systematic sampling of job clusters, as measured by student yearly job rotations and specific job training data sheets.

B. **Transition Planning:** This subcomponent addresses the need to consider possible post-school options for students, and to target subsequent training needs well before the formal transition process that occurs during the student's last two years. Specifically, this planning should begin by the age of 14.

1. **The last elementary/middle school IEP documents transition planning for movement to the middle/high school.** While not necessarily a formal transition plan as such, there should be documented planning between sending and receiving teachers to discuss the student's movement to the middle school/high school. This meeting should include information from the elementary/middle school teacher on the student's present functioning in activities and basic skills across the four domains; family priorities for instruction; status of current instructional programs; adaptations and communication strategies/systems that the student presently uses; student interests and preferences; and health concerns, etc. For an excellent example of a planning system that addresses each of these concerns, see *Elementary/Secondary Systems: Transition Planning System,* available from the Specialized Training Program, University of Oregon.

   In addition, plans should be made for the student to visit the middle/high school before the end of his/her last year in elementary/middle school. The student's parents should be afforded a similar opportunity. If there is a need for prior, on-site instruction to ease transition to the new school setting (e.g., use of different lunchroom, bathroom facilities, use of student lockers, etc.) then these instructional needs should be incorporated into the transition plan along with a schedule for provision of training. Information sharing between sending and receiving teachers should also result in the elementary/middle school teacher developing clearer expectations for her students' instructional needs during their last year in elementary/middle school. The data source for this measure is the documentation of this cooperative planning, and scheduled appointments for the student and parents to visit the middle/high school.

2. **A transition plan is developed by age 14 that identifies future vocational/community living preferences.** Starting at approximately age 14 (the student's entering high school), the teacher and parents need to begin to consider possible post-school community employment and living opportunities for the student. Future goals in the areas of employment, community living, and recreation/leisure activities need to be explored. Parents need to become aware of what post-secondary services are presently available, in what areas (e.g., vocational, residential) post-secondary service gaps that currently exist, and how the student's

present educational program can begin to prepare for these potential placements. Evidence of initial transition planning with parents comes from the following: documentation of parent interviews that discuss future expectations and possible placement and program options; documented evidence of the parents and teacher targeting possible goals for the student (e.g., supported employment; supported apartment living) through the IEP process. In order to score this measure as achieved, there must be written evidence of this planning through the parent interview/questionnaire and the annual review/IEP process.

3. **IEP objectives address required skills in identified post-school settings.** Having identified potential post-school settings for the student, the teacher, parents, related service personnel, and other team members need to determine required skills for those settings. Needed skills can be generated by an ecological inventory for the activities in those settings, by interviews with post-school providers, and by the results of the current community-based instructional programs in which the student is participating. This should lead to assessment of student performance in these activities in the targeted settings to identify and prioritize future instructional needs. Curricula are available such as the *Syracuse Community-Referenced Curriculum Guide for Students with Moderate and Severe Disabilities;* the Kentucky Systems Change Project for Students With Severe Handicaps *Model Local Catalogs and Curriculum Process for Students With Moderate and Severe Handicaps* (Kleinert and Hudson, Eds., 1989); and Falvey's (1989) *Community-Based Curriculum* that provide additional examples of objectives targeted to post-school settings, and the process for generating those objectives. The data source for this measure is the presence of vocational and community living IEP objectives that address skills (including essential social skills) required in post-school vocational, living, and recreational situations. Student IEPs that do not address vocational, domestic, community/school, and recreation/leisure objectives outside of the school setting clearly do *not* meet this criterion.

4. **Annual Update of the Transition Plan:** As part of the annual IEP update there should be consideration of transition issues. This pertains to looking at what has been learned to date from community-based assessment and training and any adjustments needed to these plans. There may also be events that have taken place within the community or family (i.e., loss of family member, change in residence, etc.) that could effect transition concerns and/or priorities. The data source for this is the IEP and/or the conference summary report in which there are indications of the annual examination of transition matters.

C. **Formal transition plan is developed and implemented during last two years of school:** This subcomponent addresses the development of an Individual Transition Plan, developed cooperatively by parents, the student whenever possible, and school *and* post-school services personnel. This transition plan may be developed as part of the IEP, or may be a separate document. To be most effective, the plan must include actual evaluation/training/placement in the identified post-school setting *before* the student graduates. This strategy allows team members to

identify any problem areas related to these placements (and hopefully to remedy these problems before the student leaves school) and to insure that there will be no delay in services upon graduation.

1. **Parents, student, school staff, and adult agency personnel participate in planning the written transition plan.** In order to develop a transition plan that meets the needs of the student and his/her family, it is important that all of the "key players" participate in the development of the plan. The classroom teacher most often takes the lead role in preparing for and conducting transition team meetings. In addition to the teacher, student, and parents, other participants may include school administrative staff, the school's job coach or vocational trainer, related service personnel, vocational education staff, the local vocational rehabilitation counselor, and adult services personnel representing employment, community living, and recreation programs. At a *minimum*, the teacher, student, parents, and *at least one* adult service provider who will be responsible for coordination of support services after graduation need to be present at the planning meeting. (Note that adult service providers should be encouraged to attend IEP/transition meetings *before* the student's last two years in school, but this is not necessary under this program indicator).

   The data source for this measure is the development of a written Individual Transition Plan, with documentation of the participation of the key persons, including adult service providers, for all students during the last two years of school.

2. **Vocational evaluation and instruction in the student's targeted job setting occurs before completion of school.** As noted above, the transition plan should include the provision of evaluation and training in targeted post-school settings (e.g., employment, community living if available, etc.) before the student graduates. Specifically for vocational instruction, this means, as a part of the student's *last year in school*, the student should be placed as a *paid employee* in his/her targeted post school job (i.e., the last year in school should look like the first year out of school). Training in employment settings can be offered by either the school system's job trainer (funded through such sources as the Department for Vocational Rehabilitation, the Job Training Partnership Act, or district options, such as state allocations, vocational education funds, federal EHA budget) , the adult service provider's job coach, or by a combination of school and adult services staff. The data sources for this measure are specific written plans for the provision of this training before school completion for all students in their last two years of school. This documentation should be contained in the student's Individual Transition Plan. The observer should also determine if this training is being provided as written.

3. **A written plan is developed insuring no delay in services after graduation.** As a part of the Individual Transition Plan, there should be clear plans for insuring that the student will receive needed post-school services immediately after leaving school to avoid job and skill loss due to a lapse in services. Thus the transition plan should address referral to

adult programs, eligibility requirements for these services, and initiation of these services before school completion. Documentation of this measure is provided by specific plans for this within the Individual Transition Plan.

D. **Components of the Formal Transition Plan:** This subcomponent includes the content (or life areas) that should be addressed by the Individual Transition Plan. At issue here is the need to consider all aspects of the student's adult life (not just the vocational area).

1. **Vocational.** A major aspect of our adult lives is our work. The Individual Transition Plan should identify clear plans for providing the student community competitive or supported employment or the necessary continued vocational training for such future employment. In addition, it is highly desirable that the transition plan address the development of the student's relationships with and support from nonhandicapped co-workers at the targeted job site. Fostering co-workers as supports creates the advocacy and skill development opportunities that are not always available by continual presence of school or human service workers. This also results in the student having a means of being incorporated into the social activities on and off the work site. This form of natural support and integration is hard to achieve by school staff or human service persons who may even unintentionally impede this other inclusion. The data source for this measure are specific vocational plans within the transition plan that meet these criteria for all students within two years of school completion.

2. **Residential.** Kentucky presently does not have adequate community living options for persons with moderate and severe handicaps. While there are a few such programs, they do not meet the extensive needs across the state for integrated, community living. Thus, for many students and their families, the only present option may be to continue living with their family after graduation. If such is the case, the transition planning team should focus on how the student can become less dependent on family members for support and more of a source of assistance in meeting family needs. Previous training in domestic skills in the students own home can provide the basis for much of this planning. Moreover, the transition planning team should give careful thought to the long-range development of suitable community living options for the student(s) with moderate and severe handicaps in their community.

   If there are integrated living options in the community (e.g., apartments for independent or semi-independent living that include the presence of nonhandicapped residents, or other supported living arrangements in the community), then the family and student should be given the option of visiting these programs or residences and considering them. The data sources for this measure are written steps within the transition plan that address the student's continued living at home and/or the family's investigation/application for community living arrangements.

3. **Recreation/leisure.** Leisure opportunities offer the possibilities of personal fulfillment outside of work, the

development of friendships and increased community integration, and the chance to gain and practice valued skills. Part of the transition plan should include specific steps to enable the student to have preferred recreation opportunities in the community after leaving school. It's important to consider activities that facilitate recreation with individuals without handicaps (e.g., co-workers, neighbors, etc.). While recreation activities designed for groups of persons with handicaps (i.e., special olympics, special camps, etc.) may be a choice made by some individuals, lack of previous opportunity and exposure to integrated recreation activities could be an issue. Planning for recreation with those without handicaps helps develop the "circle of friends" that will be able to effectively provide support in time of need. It is important to avoid the isolation that results from dependence upon paid supports only. The data source for this measure is the presence of specific steps in the transition plan that address this issue.

4. **Transportation.** A critical need for persons with moderate and severe handicaps is adequate transportation to and from work, to other activities (recreation, shopping, church, doctor's office, etc.) that enhance independence and which are not always dependent upon the student's family. In fact, a frequent cause for job failure is lack of reliable transportation to work. Possibilities can include public transportation, walking, bicycling, car pooling with other workers, or private transportation systems. It is essential that transportation needs for planned post-school activities/placements be worked out carefully before the student graduates. The data source for this measure is the presence of written steps within the transition plan that addresses this issue.

5. **Family and personal relationships.** Much of life's meaning is given through our family and friends. Yet for persons with moderate and severe handicaps whose life has frequently been patterned on isolation, specific steps to insure that these relations will continue into adulthood are essential. The data source for this measure is the presence of specific steps within the transition plan that addresses continued relations with family members and with friendships developed at school and on the job, as well as plans for continued instruction in specific social skills as needed.

6. **Income support and wages.** Up until the passage of the Social Security Amendments of 1986, there were tremendous disincentives for workers with moderate and severe handicaps to be gainfully employed. Earnings averaging $300 per month would usually result in the loss of the disabled worker's Supplemental Security Income (SSI) payments and accompanying Medical (Medicaid) Card. Parents, understandably, have been reluctant to have their son or daughter risk loss of substantial benefits for employment. Fortunately, changes in the SSI law (Sections 1619 a and b) have removed these disincentives for students with moderate and severe handicaps who receive SSI payments, but parents have to be given precise information for communicating with the local Social Security office on this issue. Information on how wages will effect disability benefits and on student eligibility for continued SSI payments and Medicaid eligibility through 1619 A and B are

essential, and should be carefully documented within the transition plan itself.

In addition, there is a need to address financial planning issues for students in transition as well. Who will be responsible for managing, or assisting the student to manage, his/her income? Will budgeting be a part of the student's educational program; or will that function be performed by someone else?

The data source for this measure is the presence of written documentation concerning SSI, Medicaid and wages, as well as assistance on money management, within the transition plan itself.

7. **Life planning issues (wills, trusts, guardianships).** Equally important as financial issues are long-term life planning concerns. Parents need to have accurate information on wills and trusts, since leaving sums of money or assets to persons with disabilities can disqualify them from certain government benefits (e.g., SSI, Medicaid). In addition, many parents have questions about guardianship for their son or daughter which need to be addressed (i.e., in the event that my son or daughter requires long-term supervision, who will be responsible for him/her if something happens to me, or what is guardianship and how do I set it up?). The data source for this measure is written documentation within the Individual Transition Plan that these issues have been addressed.

References

Falvey, M. (1989). *Community-based curriculum: Instructional strategies for students with severe handicaps (2nd Ed.)*. Baltimore: Paul Brookes.

Ford, A., Schnorr, R., Meyer, L, Davern, L., Black, J., & Dempsey, P. *The syracuse community-referenced curriculum guide for students with moderate and severe disabilities.* Baltimore: Paul Brookes.

Kleinert, H. & Hudson, M. (Eds) (1989). *Model local catalogs and curriculum process for students with moderate and severe hndicaps.* Lexington: Kentucky Systems Change Project for Students with Severe Handicaps, Interdisciplinary Human Development Institute, University of Kentucky.

School Projects, Specialized Training Program (1988). *Elementary/secondary system: Transition planning system.* University of Oregon, Eugene.

Wilcox, B., & Bellamy, G. (1987). *The activities catalog: An alternative curriculum for youth and adults with severe disabilities.* Baltimore: Paul Brookes.

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Additional materials are available from the Kentucky Systems Change Project for Students with Severe Handicaps for the cost of printing and mailing. To order, send a check or purchase order to the address above or call (606) 257-1714.

Quality Program Indicators Manual for Students with Moderate and Severe Handicaps (Kleinert, H., Smith, P., and Hudson, M., 1990) - An assessment instrument used to conduct program evaluations in classrooms serving student with moderate and severe handicaps. The manual is organized around six areas of quality programming, (1) integration, (2) functional curriculum, (3) systematic instruction, (4) community-based instruction, (5) transdisciplinary services and integrated therapy, and (6) vocational instruction and transition plans. 92 pages, $5.00 .

Model Local Catalogs and Curriculum Process for Students with Moderate and Severe Handicaps (Kleinert, H. & Hudson, M., 1989) - A comprehensive curriculum based on the local catalog process for selecting age-appropriate activities for students with moderate and severe handicaps. The curriculum has an elementary section and a section appropriate for middle school and high school-aged students. Sample objectives are included in the manual and are also available on software compatible with Apple IIe/Apple II gs and IBM (MS DOS) computers. $10.00 (121 page manual and software program).

Communication Manual for Students with Severe and Multiple Handicaps (Smith, P. & Kleinert, J., 1989) - A comprehensive manual written for speech/language pathologists and other professionals who work with students with severe and multiple handicaps that focuses on the development and implementation of communication programs. The manual was developed and used for statewide inservice training for speech/language pathologists in Kentucky. 230 pages, $15.00.

Integrating Related Services into Programs for Students with Severe and Multiple Handicaps (Smith, P., 1990) - A manual developed for administrators, teachers, therapists, and parents that include administrative and implementation issues and strategies for integrating related services. 60 pages, $4.00.

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